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ABSTRACT

The student's manual of this set consists of materials for use by students enrolled in an extension course to train them for employment as mental health workers. Addressed in the individual units of the course are the following topics: mental health, mental illness, mental health professionals, diagnosis of mental disorders, treatment of mental illness, basic helping skills, legal issues, and mental health worker responsibilities. Each unit contains objectives and instructional text. The instructor's guide contains activity sheets, answers to learning activities found in the student's manual, answers to tests, and sample work sheets intended for use with each unit. (MN)

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Mental Health Worker

Student's Manual

By

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COMPLIANCE STATEMENT

TITLE VI, CIVIL RIGHTS ACT OF 1964; THE MODIFIED COURT ORDER, CIVIL ACTION 5281, FEDERAL DISTRICT COURT, EASTERN DISTRICT OF TEXAS, TYLER DIVISION

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(3) nondiscrimination in extracurricular activities and the use of school facilities;

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(7) evidence of published procedures for hearing complaints and grievances.

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Foreword

Current and relevant information is needed to assist the mental health worker with individual classroom study relating directly to mental health care. This is one of a new series of self-contained materials for students in training in the allied health field. It includes competencies that are associated with the performance of skills by students beginning the study of mental health care. Although the material is individualized, it should be used under the supervision of an instructor. For that reason, two basic publications are offered—a student's manual and an instructor's guide.

The student's manual includes the competencies, objectives, and information. The instructor's guide provides the competencies, learning activities, unit tests and answers, and a progress chart. Although the manual and the guide are copyrighted, the instructor should feel free to reproduce copies of the learning activities and tests. These same sheets may be ordered for individual students from the Extension Instruction and Materials Center, The University of Texas at Austin, P. O. Box 7218, Austin, Texas 78713.

Every effort has been made to produce a publication that addresses the unique needs of our current student population. Students with limited English proficiency (LEP) as well as handicapped, educationally disadvantaged, and nontraditional students may require modification of the material in this publication. The professional staff of EIMC will gladly work with any instructor having these students to show how the instructional material can be adapted for specific individualized instruction. Consult local, state, and federal agencies that offer assistance and guidance and that can provide sound recommendations for productive classroom management.

Kathryn R. Allen, Ph.D.
Acting Director, Extension Instruction
and Materials Center

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- and especially my grandmother, Mrs. E. W. Edwards, for teaching me, firsthand, the meaning of "unconditional positive regard."

K.E.

1

Mental Health

Objectives: *After completing this unit, you will be able to—*

1. *identify the three components of mental health;*
2. *define self-esteem;*
3. *explain the role of feelings in maintaining mental health; and*
4. *list 10 methods of dealing with tensions.*

What is mental health? This is a question the human race has attempted to answer since very early times. From the ancient Greek admonition to "know thyself" to the American Declaration of Independence's guarantee of each individual's right to "life, liberty, and the **pursuit of happiness,"** mankind has searched for happiness and peace of mind, that elusive state of "mental health."

Feelings play an important role in mental health. Each person is born with the ability to feel the basic emotions of **love, anger**, and **fear**. The many other emotions that develop are derived from these. While each person has the same capacity to feel, the intensity level, manner of expression, and experiences that trigger these emotions may vary greatly from person to person. Becoming aware of one's feelings and learning to deal with them is a lifelong task.

Several other factors contribute to our state of mental health. According to the National Mental Health Association, mental health also involves the overall way people get along with one another in their families, at school, on the job, at play, with their friends, and in their communities. It includes the way each person harmonizes his or her desires, ambitions, abilities, ideals, feelings, and conscience in order to meet the demands of life.

The three components of good mental health are (1) feeling comfortable about oneself, (2) feeling good about others, and (3) being able to meet the demands of life. Let's examine each of the components of a mentally healthy person more carefully.

Feeling comfortable about oneself. Self-esteem, or the feelings one has about oneself, is the most critical of the three components. Each of us is a unique human being with our own physical characteristics, life experiences, and personality traits. The feelings we have about ourselves play a very important role in our ability to relate to others and meet the demands of life. Mentally healthy people, who feel good about themselves—

- "are not bowled over by their own emotions—by their fears, anger, love, jealousy, guilt, or worries;
- can take life's disappointments in stride;
- have a tolerant, easy-going attitude toward themselves as well as others;
- can laugh at themselves;
- neither underestimate nor overestimate their abilities;
- can accept their own shortcomings;
- have self-respect;
- feel able to deal with most situations that come their way; and

- get satisfaction from the simple, everyday pleasures."

Feeling good about others. The feelings we have about ourselves are closely tied to our ability to relate well to others. The statement that "no man is an island" certainly applies here. We need the positive regard of others to maintain our own self-esteem. In order to have the positive regard of others, we must be able to give positive regard to others. Mentally healthy people, who relate well to others—

- are able to give love and to consider the interests of others;
- have personal relationships that are satisfying and lasting;
- expect to like and trust others, and take it for granted that others will like and trust them;
- do not push people around, nor do they allow themselves to be pushed around;
- can feel that they are part of a group; and
- feel a sense of responsibility to their neighbors and fellow human beings.

Being able to meet the demands of life. All people must face problems that arise in everyday life. We each have responsibilities to ourselves, our families, our friends, and our society. When we feel good about ourselves and others, it is easier to handle these problems and responsibilities. It is also true that being able to successfully meet the demands of life helps us to have good feelings about ourselves and to relate well to others. Mentally healthy people who are able to meet the demands of life—

- do something about their problems as they arise;
- accept their responsibilities;
- shape their environment whenever possible, and adjust to it whenever necessary;
- plan ahead, but do not fear the future;
- welcome new experiences and new ideas;
- set realistic goals for themselves;
- are able to think for themselves and make their own decisions; and
- put their best efforts into what they do, and get satisfaction out of doing it.

The stresses in our lives can sometimes interfere with our mental health. The Mental Health Association recommends these tips for dealing with tensions:

1. **Talk it out.** Confide your worry to a levelheaded person you can trust.
2. **Escape for a while.** Find a spot of peace and quiet.
3. **Work off your anger.** Pitch into exercise or hobbies.
4. **Give in occasionally.** If you yield, you will usually find that others will, too.
5. **Do something for others.** It takes your mind off yourself.
6. **Take one thing at a time.** Tackle the most urgent task first, setting aside all the rest for the time being.
7. **Shun the "superman" urge.** Don't try to be perfect.
8. **Go easy with your criticism.** Search out the good points about others.
9. **Give the other person a break.** Cooperation is contagious.
10. **Make yourself "available."** Often others are only waiting for you to make the first move.
11. **Schedule your recreation.** Find time for the activities you enjoy.

To be mentally healthy is an important goal of all persons. Yet no one can maintain all the characteristics of good mental health all the time. Nor should the absence of one or two of these characteristics be taken as a sign of mental illness. Mental health is the overall way we live our lives. By being aware of the factors involved in good mental health, we are better able to maintain and improve our own mental health.

2

Mental Illness

Objectives: *After completing this unit, you will be able to—*

1. *define mental illness;*
2. *identify the warning signs of emotional trouble;*
3. *describe the categories of mental illness;*
4. *differentiate between mental illness and mental retardation;*
5. *list the causes of mental illness; and*
6. *discuss the stigma of mental illness.*

Mental Illness

Mental illness is a condition that creates disturbances in the thoughts, feelings, and behavior of the person affected by it. Mental illness can happen to anyone. It crosses all cultural, racial, geographical, and socioeconomic boundaries. Instances of mental illness have been reported for as long as written records have existed, and every language has a euphemism for mental illness.

Statistics by the President's Commission on Mental Health suggest that as much as 15 percent of the population may be in need of mental health services at any given time. That figure translates to more than 30 million Americans!

The American Medical Association has described mental illness as our nation's number one health problem. It affects more persons than heart disease and cancer combined. Estimates are that as many as one-half of the hospital beds in this country are occupied by persons with mental-health-related illnesses.

Warning Signs

Everyone feels "down in the dumps" occasionally or gets angry and "flies off the handle" from time to time. But sometimes problems seem to persist, and the person does not seem to be able to get over them. When an emotional problem continues to the point that it begins to interfere with a person's life, it may be time to seek help.

Mental illness seldom happens overnight. A person usually exhibits behavior for some time that indicates that he or she is in emotional trouble and may need professional help. It is important to be able to recognize warning signs so that help can be obtained before the problems become too severe. The Texas Department of Mental Health and Mental Retardation lists these signs to watch for:

> "1. **Undue, prolonged anxiety.** This is an anxiety out of proportion to any identifiable reason or cause. Things happen, of course, which make people tense and anxious. Nevertheless, a deep, continuing anxiety, a state of constant tension and fear, fastening itself upon first one cause and then another, is a signal that help is needed. Unrelieved anxiety can lead to physical problems.
>
> 2. **Prolonged or severe depression.** Depression strongly affects thinking,

feelings, and behavior. Feelings of inadequacy, helplessness, hopelessness, undue pessimism, and loss of confidence are symptomatic of depression. Changes in behavior patterns are a key sign that depression may be getting out of hand and help should be sought. Depressed individuals often withdraw from friends they normally enjoy, from loved ones, and from the usual occupations and hobbies that give pleasure.

Changes in eating and sleeping habits are not unusual for them. Some suffer loss of appetite and insomnia. Others seek solace in overeating and sleeping. Other symptoms include low energy, chronic fatigue, decreased effectiveness at school, work, or home, and loss of sexual interest. Depressed individuals are those most likely to think of suicide as a solution, although people with other mental and emotional disturbances may also be suicidal. During periods of crisis, people should be with others, avoiding isolation.

3. **Abrupt changes in mood and behavior.** These changes do not include those a person adopts for self-improvement, which are considered socially desirable. They refer to changes in mood and behavior that reflect serious alterations in an individual's normal habits or way of thinking. For example, the man or woman who is exceptionally frugal and suddenly begins gambling away large sums of money may be experiencing emotional problems.

4. **Tension-caused physical symptoms.** Some physical ailments and complaints have no organic cause. They range from daily headaches, or migraine induced by tension, to nausea, pains, and other complaints that have no apparent physical basis. However, these psychological symptoms, including pain, are real. The individual really suffers. Only a physician is qualified to determine whether a physical complaint actually has a physical basis. Because medical tests may reveal an organic cause, any persistent physical ailment should be checked by a doctor."

Patterns of Mental Illness

One of the factors that complicates the issue of mental illness is that it is not just one condition or one set of symptoms. The term mental illness encompasses a wide variety of problems ranging from mild depression to severe disabilities such as schizophrenia.

Mental illness can be divided into three basic categories of (1) psychoses, (2) neuroses, and (3) personality disorders. The characteristics of each of these categories are described below.

1. **Psychosis.** This term is used to describe the most serious forms of mental illness. An individual with a psychosis usually has great difficulty functioning in life and may be out of touch with reality. The illness may manifest itself in a number of ways, including:

a. **Hallucinations.** A person may hear voices or see things that are not there.

b. **Delusions.** These may include the belief someone is out to get the person or that he or she is a famous personality, such as Napoleon or Cleopatra.

c. **Mood swings.** A person may go from being terribly depressed to being wildly excited, sometimes in a short period of time.

The names of some of the major psychoses include schizophrenia, manic-depression, autism, and paranoia. These conditions will be described in detail in Unit 4.

2. **Neurosis.** This is a less severe problem than a psychosis, but it may still interfere with a person's life in painful ways, including:

a. **Excessive anxiety.** Worrying constantly and nervousness without apparent cause are typical of many persons diagnosed as neurotic.

b. **Compulsive behavior.** A drive to do things repeatedly in specific ways is another form of neurotic behavior. For example, the urge to wash one's hands over and over again is a compulsion.

c. **Phobias.** Extreme fear that is out of proportion to the situation is typical of phobic reaction. A few of the most common phobias include:

(1) Claustrophobia—fear of closed spaces
(2) Acrophobia—fear of heights
(3) Agoraphobia—fear of open spaces

d. **Physical neurosis.** A person may suffer from fatigue, weakness, or a variety of physical ailments, both real and imaginary.

3. **Personality disorder.** This refers to a condition in which an individual may have difficulty in accepting responsibility, using good judgment, and/or sustaining positive relationships with others. A person with a personality disorder may usually exhibit normal behavior, but may not seem to experience much anxiety or sense of guilt.

An individual who has a personality disorder characterized by a lack of guilt or conscience may participate in antisocial behavior, such as lying or cheating. The correct term for someone who behaves in this manner is **psychopath.**

Mental Retardation

It is important to recognize that mental illness is **not** the same as mental retardation. Mental retardation is a deficiency in intelligence caused by insufficient mental development before or during birth or during early childhood. Mentally ill persons are generally within the normal range of intelligence but suffer from an emotional disorder, the onset of which may occur at any age. Of course, it is possible for a mentally retarded person to be mentally ill as well.

Mental retardation is a lifelong, irreversible condition while, with proper treatment, mental illness can be reversed and is usually a temporary condition. The two conditions are often confused because governmental funding often combines services for both in one agency. In many states, the organization responsible for providing services to those two populations is called the Department of Mental Health and Mental Retardation or MHMR.

Causes

The causes of mental illness are complex and not well understood. A few of the factors that seem to be related to mental illness include:

1. **Environmental.** The events that happen to people may have a detrimental effect on their life. Excessive stress, losses, or abuse may all contribute to the occurrence of mental illness.

2. **Hereditary.** Some evidence suggests that a relationship between genetic (inherited) factors and mental illness exists, but exactly how this occurs is not clear. Predisposition to certain types of mental illness may be inheritable.

3. **Physical.** Certain physical problems, such as brain damage or some diseases, produce symptoms of mental illness. Alcohol and drug abuse may aggravate mental problems. It is also true that mental illness can lead to physical symptoms, such as ulcers, headaches, insomnia, and heart problems.

4. **Psychological.** The way in which someone perceives the world around him or her may greatly affect that person's mental health. It is possible that an individual's personality may tend to predispose that person to mental illness.

5. **Biochemical.** Some of the most promising research being conducted involves the interaction of chemicals in the body. A person may have too much or too little of a certain chemical or hormone. Some scientists believe that this chemical imbalance in the body may lead to a mental disturbance.

It has been said that "the mind of man is the last frontier." Much remains to be learned about mental illness and its causes and cures. A tremendous amount of research is still needed before many of the questions about mental illness are answered.

Stigma

Today, with improved treatment methods, it is possible for people who have been mentally ill to recover completely and lead active, productive lives. Unfortunately, a major obstacle to this that still remains is stigma.

Although our society has come a long way since mentally ill people were locked away in "lunatic asylums," several attitudes still exist that make adjustment difficult for persons recovering from a mental illness. Let's examine some of these:

1. "The mentally ill are just weak and could 'snap out of it' if they really want to."

Mental illness is just that—an illness. A person can no more "snap out of" his mental illness than he could "snap out of" a broken arm or an appendicitis.

2. "All mentally ill persons are violent."

The reality is that the percentage of violent persons with the population of the mentally ill is about the same as the percentage of violent persons within the general population. Yet, because of the sensationalism of news stories about crimes committed by the mentally ill, this myth persists.

3. "Mentally ill people should be locked up."

Today, it is possible for most clients to be treated successfully on an outpatient basis. Hospitalization is becoming less and less necessary for all but the most severe disturbances. Even severely disturbed persons usually need to be hospitalized for only a limited period of time. It is important for mentally ill persons to live as normally and independently as possible.

4. "I don't want to be associated with that crazy person."

It is a natural human tendency to fear what we do not understand. Since knowledge about mental illness has not been widespread, it is not surprising that many people are uncomfortable about mental illness. However, as stated earlier, mentally ill persons are no more to be feared than persons in the general population. And those who have been mentally ill have the same needs as anyone. They need to be loved, to have the opportunity to hold a job, and to be accepted by society.

It is the responsibility of all members of our society to examine our attitudes and do the best we can to ensure that the mentally ill person receives the support and acceptance he or she deserves to be a functioning citizen.

3

Mental Health Professionals

Objectives: *After completing this unit, you will be able to—*

1. *list the major mental health-related professions;*
2. *list the educational, training, and licensure requirements for each profession; and*
3. *describe the work of each profession.*

Abigail van Buren, in her column "Dear Abby," often advises her readers to seek professional help when they have a problem. Many people wonder what constitutes "professional help." Several mental health professions are available today to assist persons in dealing with mental problems and in functioning to the best of their abilities.

These professionals include psychiatrists, social workers, professional counselors, psychiatric nurses, psychiatric aides, mental health technicians, rehabilitation therapists, occupational therapists, art therapists, music therapists, dance therapists, and recreation therapists.

Psychiatrist

Psychiatry is a special branch of medicine that studies, treats, and attempts to prevent mental and emotional illness. A psychiatrist is a medical doctor who specializes in mental illness. With combined training in both medicine and psychology, the psychiatrist is uniquely qualified to handle both emotional stresses as well as physical diseases of the neurological system and changes in physical and chemical balances of the body. As a physician, the psychiatrist is the only mental health professional who can prescribe drugs and other medical therapies for a client.

Psychiatrists work in many different settings. They may work in federal or state hospitals for the mentally ill, or in public or private hospitals or clinics. Community mental health centers, schools, and industries often have psychiatrists on their staffs. The military uses them as well. Psychiatrists may also choose to have their own private practices.

The field of psychiatry includes several areas of specialization. These are—

- general psychiatry
- child and adolescent psychiatry
- community psychiatry
- psychoanalysis
- psychiatry and religion
- industrial, correctional, analytic, educational, legal, or geriatric psychiatry
- public health
- student health
- teaching
- research

Education and licensure. The education and training required to become a licensed psychiatrist is extensive. After high school graduation, a minimum of 12 years of academic and resident training is needed. The individual must first complete a four-year college degree that will prepare him or her for admission to medical school. The M.D.

(Doctor of Medicine) degree requires four years.

This is followed by a one-year medical internship at an accredited hospital. The physician must also be licensed to practice medicine by a state board of medical examiners. He or she must then complete three years of residency at an accredited psychiatric hospital or in the psychiatric department of a general hospital.

When all these requirements have been met and after two years of psychiatric practice, the psychiatrist may take oral and written exams given by the American Board of Psychiatry and Neurology. Those who pass the exams become Diplomates in Psychiatry.

The American Psychiatric Association. The American Psychiatric Association (APA) is a professional organization of psychiatrists. The APA sets the standards for accreditation of psychiatric training programs in medical schools and hospitals. In addition, the APA holds conferences and workshops for the sharing of knowledge among psychiatrists and publishes professional journals and newsletters.

Psychologists

The American Psychological Association defines psychology as a body of knowledge about human and animal behavior, methods of research to obtain that knowledge, and the application of that knowledge to benefit humankind.

Psychologists have many different titles and job descriptions. Included among these are experimental psychologists, clinical psychologists, counseling psychologists, and educational and school psychologists.

Experimental psychologists are trained in designing and conducting research in specific areas. They may work in laboratory settings doing experiments with animals or humans, or they may work with other professionals doing research in real-life situations. Some of the areas studied by experimental psychologists are learning; sensation and perception; human performance, motivation, and emotions; language, thinking, and communication; and comparative and physiological psychology.

Clinical psychologists specialize in the assessment and treatment of persons who have emotional or adjustment problems. These problems may range from normal developmental crises to extreme psychotic conditions. Clinical psychologists may provide therapy to individuals, small groups, or families. They may also conduct research, provide consultation services to community agencies, or teach at a college or university.

Counseling psychologists are primarily concerned with helping people deal with their environment. They usually work with normal or only slightly maladjusted persons. Counseling psychologists help individuals through counseling interview methods, personality and aptitude testing, and educational and occupational information. Many counseling psychologists work in educational settings, such as colleges or universities. Some clinical psychologists work in hospitals, community mental health or rehabilitation centers, industry, government, or in counseling agencies.

Educational psychologists are involved in a variety of activities from research to development and evaluation of education and training programs. They may work in large public school systems, in the military services, or in private industry.

School psychologists provide a wide range of services within the education system. These services may include consultation for teachers in coping with classroom behavior problems, the implementation and evaluation of certain educational programs, counseling for students, administration of standardized test results, and assistance in providing in-service training for teachers.

Education. The job titles for psychologists that have been described require completion of a doctoral degree in psychology. The exception to this is the school psychologist, which usually requires a master's degree and certification by the state board of education. Individuals who have not acquired enough education to hold the title of "psychologist" may work in psychological settings under the supervision of licensed psychologists.

Certification and licensure. Each state government sets the standards for licensing and certification of psychologists. In most states a doctoral degree and one or two years of internship are required to be a licensed psychologist. Some states also provide for different levels of certification of individuals who have less than doctoral-level training.

In Texas, the State Board of Examiners of Psychologists has the responsibility for the licensing and certification of individuals with training and experience in psychology. Three levels of licensing and certification have been established. To be certified as a psychologist on any level, the individual must pass an examination administered by the Board. The first level, psychological associate, requires completion of a master's degree in psychology from an accredited college or university. Psychological associates must work under the direct supervision of a licensed psychologist or for a governmental agency, a public school district, an accredited college or university, or a state hospital or clinic. The next level, certified psychologist, requires a doctoral degree in psychology. To become a licensed psychologist, the individual must be certified as a psychologist and have completed two years of experience in the field of psychology. One of these years must be completed under supervision, and one must be completed after receiving the doctoral degree.

The American Psychological Association. The American Psychological Association (APA) is a professional organization for psychologists. The APA publishes scientific and professional journals in various areas of psychology. It holds an annual convention for the purpose of sharing new knowledge in the field of psychology. It evaluates and accredits doctoral-level programs in psychology. The APA also sponsors meetings and other activities that focus on the professional and scientific interests of psychologists.

Professional Counselors

Several types of mental health professionals, who are not psychiatrists or psychologists, may provide counseling services. School counselors are certified by their state boards of education. A master's degree is usually required for such certification.

The state of Texas also licenses professional counselors for private practice. The requirements for licensure as a professional counselor are the completion of a graduate program of 45 semester hours including 300 hours of supervised counseling experience, 24 months or 2,000 hours of supervised experience working in a counseling setting, and successful completion of an examination. The licensing body for professional counselors is the Texas State Board of Professional Counselors under the Texas Department of Health.

Other professional counselors include marriage and family counselors, pastoral counselors, and counselors certified by other groups.

Social Worker

The field of social work plays a very important role in providing mental health services. Social workers act as a liaison between the community and the family or individual in need of help. In addition to locating and providing services for clients, social workers are often involved in educating society about the needs of individuals, and in bringing about needed community changes so that services will be available.

Social workers are trained experts in helping individuals and families to cope with a variety of economic, social, and personal problems. Social workers help their clients to identify and understand their problems, and develop a plan of action for overcoming or coping with these problems. Sometimes the social worker helps provide treatment for the client through individual or group therapy. Often the social worker will help the client locate and use the services he or she needs. Here are some situations in which a social worker might be helpful:

- A family needs help in locating a suitable nursing home for an aging parent and in making the emotional adjustment to such a change.
- A young mother must find appropriate day care for her baby so she can hold a job.
- An abused child must be protected from further abuse and given emotional support during a separation from his family.
- A family needs help in caring for their mentally ill daughter.
- A suddenly disabled worker has difficulty making the adjustment to physical limitation as well as finding ways to continue to support his family.
- An older person wants to continue to live at home, but needs help with the chores of daily living and also needs some limited medical supervision.

Social workers are employed in a wide variety of settings. They work in hospitals, public health agencies, nursing homes, mental health clinics, psychiatric hospitals, public agencies, such as unemployment offices or child welfare departments, private family agencies, the armed services, business and industry, and private practice.

Education. The three levels of education for professional social workers are the baccalaureate degree (B.S.W.), the master's degree (M.S.W.), and the doctoral degree (D.S.W. or Ph.D.). The M.S.W. degree is usually required for clinical practice. Social workers with a B.S.W. degree can provide direct services to groups and individuals through various social agencies. The D.S.W. is usually required for college or university faculty positions.

Certification. The state of Texas has two levels of certification for social workers. Both levels require the applicant to pass an examination. The first level requires a bachelor's degree and carries the title of social worker. The higher level requires either a master's or a doctoral degree and carries the title of certified social worker. Qualifications and examinations for certification in the field of social work are administered by the licensing branch of the Texas Department of Human Resources.

The National Association of Social Workers (NASW). The NASW is a professional organization for social workers that sponsors conferences and professional development programs. It also publishes a monthly newspaper, NASW News, and a professional journal, Social Worker. The NASW has also established a national standard for social workers called the Academy of Certified Social Workers (ACSW). To receive an ACSW credential requires NASW membership, an M.S.W. degree, two years of full-time social work experience, and successful completion of a written examination.

Psychiatric Nurses

Psychiatric nurses are important in providing care and treatment for mentally ill clients. Often, psychiatric nurses work as part of a treatment team. This team may also include a psychiatrist or psychologist, a social worker, an aide, and other therapists. Psychiatric nurses are in a position to offer emotional support to the patient in different settings than the psychiatrist or psychologist. Because of their close association with the patient, psychiatric nurses can provide very helpful information to the therapist who is responsible for making a treatment plan for the patient.

Education and licensure. A psychiatric nurse must hold a degree as a registered nurse, with some studies in psychiatric nursing. Those who wish to advance in the field may earn a master's degree in psychiatric nursing, and take a state board exam for licensure as a clinical psychiatric nurse. Clinical psychiatric nurses are qualified to provide individual and group psychotherapy, family therapy, sociotherapy, clinical supervision, administration and direction of staff training programs, and to do research.

Psychiatric Aides

Psychiatric aides work in state, public, or private mental hospitals. They are responsible for the custodial care of the patient, such as helping the patient with dressing and grooming, serving meals, and doing other nursing-care duties. The psychiatric aide is the person with whom the client has the most contact during his or her stay in the hospital. It is very important that the aide be understanding, supportive, and patient with the client. The aide's attitude toward the client can largely affect the client's progress.

Education. Psychiatric aides work under the supervision of a nurse or other professional person. A high school diploma and one to three months of on-the-job training are usually required.

Mental Health Technician

Mental health technicians carry out many duties. They work directly with clients under the supervision of a physician or psychiatrist. Their duties may include teaching living skills, gathering information, providing information and making referrals to people who need services, and providing activity therapy. Mental health technicians work in almost every mental health setting. These settings include mental hospitals, community mental health centers, community agencies, halfway houses, and other organizations.

Education. The training required to become a mental health technician includes two years of college (an associate degree) and practical experience in treatment, support, and rehabilitation techniques.

Rehabilitation Therapists

Rehabilitation therapists help clients return and adjust to society after their release from mental hospitals or other treatment facilities. The therapist establishes a relationship with clients during their stay in the hospital, and then works closely with them in planning their life after release. Rehabilitation therapists try to help clients choose and prepare for a suitable occupation and to locate employment.

Education. A rehabilitation therapist must have a bachelor's or, in some cases, a master's degree in behavioral science, social science, or special education.

Occupational Therapists

Occupational therapists try to help clients become more independent and self-sufficient through programs of purposeful activity. These activities may include vocational training, self-care or home-care activities, development of manual skills through arts and crafts activities, and educational activities.

Occupational therapists are concerned with all aspects of preparing clients for their return to a normal environment. The occupational therapist often makes follow-up home visits after a client's release from the hospital in order to help the client and family members make adjustments.

Education and licensure. The training requirements for an occupational therapist are a bachelor's or master's degree in occupational therapy as well as six to nine months of supervised work with patients. To become a registered occupational therapist, the applicant must meet the training requirements and pass a national examination administered by the American Occupational Therapy Association.

Other Therapists

Other types of therapists may specialize in other areas or methods of treatment. These therapists usually work as members of a psychotherapeutic team. Their individual therapies add to the overall treatment program for the client, but are not designed to be the major form of treatment.

These special therapists work in psychiatric hospitals, physical disability hospitals and schools, mental retardation centers, community mental health centers, day care centers, nursing homes, and special service agencies.

Art therapists. Art therapists help people express and deal with their feelings through art activities. By evaluating the client's artwork, the art therapist can help in assessing the client and in making a treatment plan.

To become an art therapist requires a master's degree and some supervised clinical experience. The American Art Therapy Association (AATA) makes recommendations about the requirements of training programs in art therapy. Therapists who have completed the necessary requirements may apply for an AATA Certificate of Registration.

Music therapists. Music therapists use music in several ways to help clients achieve desirable changes in behavior.

To become a music therapist requires a bachelor's or master's degree in music therapy and six months of clinical training in an approved music therapy program. The National Association for Music Therapy, Inc., sets the standards for certification and registration of music therapists.

Dance therapists. The term "dance/movement therapy" is now used to identify the work of dance therapists. Dance/movement therapy focuses on the nonverbal expression and behavior of the client.

The American Dance Therapy Association establishes the training requirements for registration as a dance therapist. To become a registered dance therapist requires a master's degree in dance therapy and a supervised internship in a clinical setting. With further study and clinical experience, the therapists may acquire an Academy of Dance Therapists Registered (ADTR) credential. This indicates that the therapist is fully qualified to supervise other dance therapists or work in private practice.

Recreation therapists. Recreation therapists try to help clients build self-esteem and establish social relationships through their participation in a variety of recreation activities. These activities might include athletics, dancing, arts and crafts, music, gardening, movies, and parties.

A bachelor's degree in therapeutic recreation is required. The professional organization for recreation therapists is the National Therapeutic Recreation Society.

As we have seen, numerous career opportunities exist in the field of mental health. Being a mental health worker is sometimes a difficult and trying task. Yet there are also many rewards for the warm, caring individual who has a genuine concern for the happiness and welfare of others.

Equal Access

In the past, certain jobs have traditionally been considered to be women's jobs and others to be men's jobs. For example, secretaries were expected to be women. Police officers were expected to be men. Similar expectations have existed for people of different races and ethnic origins. Today, such stereotypes are being broken. People are freer to choose occupations based on their interests and talents, rather than on their sex, race, or ethnic origin. This is the basis of equal access.

Laws and policies have been passed to help ensure equal access. But people's words, attitudes, and behaviors also influence the job decisions others make. Some people are very outspoken about their biases. Others are less obvious, but their feelings show in their word choice and in their body language. Still others believe in equal access, but unknowingly send messages that seem to agree with sex, race, and ethnic role stereotypes.

In the field of mental health, there are opportunities for everyone. Equal access, regardless of sex, race, or ethnic origin, should be practiced.

For more information about any of the professions discussed in this unit, please write to the professional organizations listed here:

American Art Therapy Association
5999 Stevenson Avenue
Alexandria, Virginia 22304

American Association for Rehabilitation Therapy
P.O. Box 93
North Little Rock, Arkansas 72116

American Dance Therapy Association
2000 Century Plaza
Columbia, Maryland 21044

American Nurses Association, Inc.
2420 Pershing Road
Kansas City, Missouri 64108

American Occupational Therapy Association
1383 Piccard Drive
Rockville, Maryland 20850

American Psychiatric Association
1400 "K" Street, N.W.
Washington, D.C. 20005

American Psychological Association
1200 17th Street, N.W.
Washington, D.C. 20036

National Association for Music Therapy
1133 15th Street, N.W.
Washington, D.C. 20005

National Association of Social Workers
7981 Eastern Avenue
Silver Spring, Maryland 20910

National Mental Health Association
1021 Prince Street
Alexandria, Virginia 22314

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Diagnosis of Mental Disorders

Objectives: *After completing this unit, you will be able to—*

1. *name the manual used by mental health professionals in diagnosing mental disorders;*
2. *list the five axes on which diagnoses are based;*
3. *identify the diagnostic categories of mental disorders in Axis I;*
4. *describe the symptoms of major mental disorders such as schizophrenia and depression; and*
5. *list three clues of suicidal behavior.*

One of the most difficult tasks of the mental health professional is attempting to diagnose or classify behavior into categories so that a common language or description of behavior will exist. To meet this need for a system of classification, the American Psychiatric Association periodically publishes a guide to mental disorders. The third edition of this publication is currently in use. It is called the Diagnostic and Statistical Manual of Mental Disorders or DSM-III.

In addition to this book, the American Psychiatric Association also publishes a shortened version called Quick Reference to the Diagnostic Criteria from DSM-III or Mini-D. It summarizes the contents of the DSM-III for speedier reference by the clinician.

The **DSM-III** provides five axes of classification for the diagnostician. This allows the clinician to base a diagnosis on several sources of information. The first three axes are used most often in clinical settings. The fourth and fifth axes are sometimes used in research or to supplement the information obtained in the first three axes.

The multiaxial evaluation described in the **DSM-III** includes:

- **Axis I**—Clinical Syndromes, Conditions Not Attributable to a Mental Disorder That Are a Focus of Attention or Treatment, and Additional Codes
- **Axis II**—Personality Disorders and Specific Developmental Disorders
- **Axis III**—Physical Disorders and Conditions
- **Axis IV**—Severity of Psychosocial Stressors
- **Axis V**—Highest Level of Adaptive Functioning, Past Year

By using several criteria, it is possible to present an accurate and complete diagnostic picture of a client's behavior.

Let's examine each of the DSM-III's axes in more detail.

Axis I

Clinical Syndromes, Conditions Not Attributable to a Mental Disorder That Are a Focus of Attention or Treatment, and Additional Codes

Axis I lists the diagnostic criteria for each mental disorder. Also included for each disorder is pertinent information, such as essential features, age at onset, course or outcome of the disorder, impairment, complications, predisposing factors, prevalence, sex ratio, familial pattern, and differential diagnosis. The classification system used in Axes I and II of the **DSM-III** follows.

Disorders Usually First Evident in Infancy, Childhood, or Adolescence

Mental retardation
Attention deficit disorder
Conduct disorder
Anxiety disorders of childhood or adolescence
Other disorders of infancy, childhood, or adolescence
Eating disorders
Stereotyped movement disorders
Other disorders with physical manifestations
Pervasive developmental disorders
Specific developmental disorders
  Note: These are coded on Axis II.
Organic Mental Disorders
Dementias arising in the senium and presenium
Substance-induced
Section 2. Organic brain syndromes whose etiology or pathophysiological process is either noted as an additional diagnosis from outside the mental disorders section of ICD-9-CM or is unknown.
Substance Use Disorders
Schizophrenic Disorders
Paranoid Disorders
Psychotic Disorders Not Elsewhere Classified
Affective Disorders
Major affective disorders
Other specific affective disorders
Atypical affective disorders
Anxiety Disorders
Somatoform Disorders
Dissociative Disorders (or Hysterical Neuroses, Dissociative Type)
Psychosexual Disorders
Gender identity disorders
Paraphilias
Psychosexual dysfunctions
Other psychosexual disorders
Factitious Disorders
Disorders of Impulse Control Not Elsewhere Classified
Adjustment Disorder
Psychological Factors Affecting Physical Conditions
V Codes for Conditions Not Attributable to a Mental Disorder That Are a Focus of Attention or Treatment
Additional Codes
Personality Disorders
  Note: These are coded on Axis II.

Axis II

Personality Disorders and Specific Developmental Disorders

Personality Disorders

Sometimes an individual will exhibit maladaptive behavior that does not appear to be related to episodes of illness, but rather seems to be characteristic of his or her basic personality. The behavior may persist throughout the individual's life, and is often harmful to the person's ability to function socially or to hold a job. A few characteristics of personality disorders might include suspiciousness and mistrust of others, hypersensitivity, and emotional aloofness.

Axis III

Physical Disorders or Conditions

This axis is used to connote physical conditions that are important to the overall treatment of the individual, and may or may not be related to the mental disorder.

Axis IV

Severity of Psychosocial Stressors

This axis allows for the rating of psychosocial stressors that may have an effect on the person's condition. The severity of the stressor is rated from "none" to "catastrophic," and is based on the severity of stress an "average" person would experience from the same stressor. Some events that might be considered psychosocial stressors are a new job, an argument with a friend, death of a loved one, or a natural disaster, and so forth.

Axis V

Highest Level of Adaptive Functioning, Past Year

This axis allows the clinician or researcher to rate the individual on his or her level of functioning during the past year. The areas assessed include social relations, occupational functioning, and use of leisure time. The levels of functioning are rated from "superior" to "grossly impaired."

The **DSM-III** is a very helpful tool to mental health professionals. It provides a common language and clarity for the diagnosis, treatment, and research of mental disorders.

As a mental health worker, you will probably hear the terms described in the **DSM-III** used often. However, it is important to realize that, while a person may seem to have some of the symptoms that have been discussed, that person does not necessarily have a mental disorder. Each of us exhibits a few of these behaviors from time to time.

Diagnosis of mental disorders is a highly complex and specialized skill. Even experienced clinicians sometimes have difficulty in being certain a diagnosis is correct. Do not attempt to diagnose the behavior of others on your own. It is also important not to get into a habit of labeling others. While diagnostic categories are helpful in understanding behavior, each person should be dealt with, not as a "schizophrenic" or "manic-depressive," but as an individual. Each person is a unique human being with a unique set of feelings, experiences, and attributes, and should be treated with consideration and respect. A discussion of a few of the most common conditions encountered in mental health settings follows.

Schizophrenic Disorders

Schizophrenia is one of the most common forms of serious mental illness and is estimated to affect about one percent of the total population. It is also one of the most puzzling and difficult to treat disorders. Schizophrenia may become a chronic condition, sometimes persisting for a person's entire life.

Symptoms of schizophrenia may include:

(1) **Delusions.** The person may believe that his or her mind is being read or that his or her thoughts are being controlled by another person. An individual who has delusions may be afraid of many things.

(2) **Hallucinations.** The person may hear voices or see things that are not there. For example, one young man believed television characters spoke directly to him and were trying to hurt him.

(3) **Distorted thinking.** The person may have very illogical thought patterns, be out of touch with reality, or have strange speech patterns. One such gentleman worried about his children inheriting his schizophrenia. He recited his concern repeatedly to everyone he met. The fact that his children were adopted and, therefore, could not inherit any of his characteristics was meaningless to him and not sufficient reassurance to prevent him from spending a major portion of his days concerned about this issue.

(4) **Isolation or withdrawal.** A person with schizophrenic tendencies may live in his or her own inner world and may have little or no interaction with others.

(5) **Flat or inappropriate emotions.** The person may not seem to have emotions at all, or the emotions exhibited may be inappropriate. The individual may laugh in sad situations or cry when something funny happens.

There are several types of schizophrenic disorders. Two examples of such disorders are catatonic schizophrenia and paranoid schizophrenia. In catatonic schizophrenia the individual may sit motionless or rigid for long periods of time. In paranoid schizophrenia the person feels persecuted and may believe that others are "out to get" him or her. Sometimes the individual with paranoid schizophrenia may believe that he or she is a famous or powerful personality. The individual who has such an exaggerated view of his or her own importance is said to have delusions of grandeur.

The onset of schizophrenia usually occurs in adolescence or young adulthood. The severity and duration of the illness may vary greatly from case to case.

Since the literal meaning of schizophrenia is "split personality," many people confuse the term with "multiple personality" in which two or more distinct personalities seem to

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exist in the same person. Multiple personality is actually a dissociative disorder and is an extremely more rare condition than schizophrenia.

Affective Disorders

Affective disorders are those in which the individual's mood is affected. The two most common forms of affective disorders are depression and mania.

Depression is the most common emotional disturbance, and is characterized by feelings of sadness and hopelessness. Everyone experiences these feelings from time to time, but in cases where serious symptoms persist for an extended period of time, professional help may be needed. It is estimated that as much as 20 percent of the population may suffer from depression serious enough to need treatment at some time in their lives.

Symptoms of major depression may include—

- feelings of hopelessness, guilt, or worthlessness;
- difficulties with concentration;
- loss of interest in activities that were once pleasurable;
- irritability;
- change in appetite;
- unusual tiredness;
- withdrawal or isolation;
- disturbances in sleeping patterns;
- unexplained aches and pains; and
- recurring thoughts of suicide or death.

Another major affective disorder is **manic episode.** The symptoms of manic episode are almost the opposite of depression. Some of the symptoms are—

- being overly optimistic;
- having excess energy;
- increased social interaction;
- decreased need for sleep;
- exaggerated view of self; and
- unusual flurries of activity and pleasure seeking.

It is not unusual for a person to experience both manic and depressive symptoms, either in alternating or intermixed cycles. However, the depressive cycles usually occur more often and last longer than the manic cycles. This condition is referred to as a bipolar disorder.

Anxiety Disorders

Anxiety disorders include phobic disorders and anxiety states. Phobic disorders involve irrational fear and avoidance of certain situations. An example is agoraphobia in which the individual is afraid of public places, crowded rooms, and other crowded areas.

Anxiety states include panic disorders and other anxiety disorders. The person suffering from anxiety may experience periodic panic attacks involving shakiness, dizziness, chest pain, faintness, and generalized fear.

This category also includes obsessive-compulsive disorders in which the individual feels compelled to repeat senseless behavior in a set manner.

Suicide

Suicide is one of the ten leading causes of death in the United States. According to the Department of Health and Human Services, the death rate from suicide in young people ages 15 to 24 has more than tripled since 1950.

The causes of suicide are unknown, but suicidal behavior is frequently linked to depression. Unfortunately, not even mental health professionals are able to predict whether a person will commit suicide. However, a few "clues," in addition to depression, that may indicate that a person is considering suicide include the following.

(1) **A wish to die.** A person who makes statements like "You would be better off without me," "I wish I could go to sleep and not wake up," or I'm going to kill myself" should be taken seriously. Contrary to popular belief, most people who take their own lives have talked about it, directly or indirectly.

(2) **Previous attempt.** According to the American Association of Suicidology, 80 percent of persons who commit suicide have tried it before. A suicide attempt is more than attention getting-behavior; it is a cry for help.

(3) **Changes in behavior.** If a person's personality or behavior changes suddenly, close attention should be paid. The quiet person who unexpectedly becomes talkative, the sound sleeper who becomes an insomniac, the hearty eater who shows a loss of appetite—these may all be indications of a troubled person.

(4) **Making final arrangements.** People who have made the decision to kill themselves may give away many of their belongings, or show a sudden interest in making a will. Their condition may also seem to be improved. A person in the depths of depression may not have the energy to hurt themselves and may only follow through on a suicidal plan once the depression has eased somewhat.

(5) **Plan of action.** One of the ways to gauge suicidal risk is to find out whether the person has a plan. The potential lethality of the plan is also an important factor. For example, someone who has a loaded gun under the bed may be in more immediate danger than someone who is thinking about driving a thousand miles to the ocean to drown themselves.

As a mental health worker, you will probably have many opportunities to come in contact with persons who may have suicidal tendencies. You may be of help to those persons in several ways.

You can offer support by allowing the other person to talk about his or her feelings. Many people believe that if you talk to someone about suicide, it may lead that person to do it. In fact, the opposite may be true. It may be a great relief to the person to be able to express his or her feelings, and have them accepted in a nonjudgmental way. Be careful not to offer platitudes like "everything will be better in the morning" or "you have so much to live for." Acknowledge the person's pain and let him or her know that you care.

If a person who expresses suicidal thoughts is not seeing a mental health professional, see that he or she gets help immediately. If the person is already under treatment, report your observations to the professional in charge of the case.

Obviously, someone who is a suicide risk should not be left alone. And even in a hospital setting, a patient should be observed for such things as hoarding medication, concealing sharp objects, or anything else that might be used self-destructively.

One of the most hopeful characteristics of suicidal feelings is that they are usually transitory. Even a person who is on the brink of committing suicide may have very ambivalent feelings. On the one hand, the pain may be so great and things seem so hopeless that death seems preferable to life. On the other hand, the person's desire to live may be very strong. Therefore, if suicidal tendencies can be diagnosed and intervention does take place during the crisis, the threat of suicide may be lessened somewhat.

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Treatment of Mental Illness

Objectives: *After completing this unit, you will be able to—*

1. *explain the history of the treatment of mental illness;*
2. *explain the process of deinstitutionalization;*
3. *identify three methods of therapy for treating mental illness;*
4. *list the categories of psychotropic drugs; and*
5. *identify five types of available mental health services.*

History

The care of the mentally ill has been a problem throughout history. Early societies attributed strange or unusual behavior to magical sources, such as demonology and witchcraft. Scorned, ignored, imprisoned, and sometimes killed, the victims of mental illness have suffered as much from the societies they have lived in as from the illness itself.

In the United States, the mentally ill have fared no better than they had in other countries for centuries. Throughout the early years of our country's history, the mentally ill could be found locked away in shackles and chains in a variety of institutions, including almshouses and jails.

Dorothea Dix was one of the first mental health advocates in our country to encourage public responsibility for the care of the mentally ill. Beginning with a report to the Massachusetts Legislature in 1843, she worked tirelessly for 40 years to establish mental institutions that would provide proper care for the mentally ill.

Unfortunately, it was to take more than bricks and mortar to bring about reform. In 1908, a former mental patient named Clifford Beers drew national attention when he published A Mind That Found Itself, a personal account of his mistreatment in several "lunatic asylums."

Dr. Beers founded the Society for Mental Hygiene, which later grew into the National Mental Health Association. The Mental Health Association is a volunteer citizen's organization dedicated to promoting mental health, preventing mental illness, and improving the care of the mentally ill.

Since that time, numerous attempts have been made to improve the conditions under which the mentally ill receive treatment. One of the most recent changes was the passage of the Community Mental Health and Mental Retardation Centers Act of 1963. This law mandated the creation of community mental health clinics for the purpose of allowing clients to receive treatment in their own communities. In this way, mentally ill clients could continue to lead somewhat normal, independent lives.

In most states, the population of mental hospitals is less than half of what it was 10 years ago. This is because of a growing trend toward "deinstitutionalization," the dismissal of mentally ill patients from mental hospitals. Several factors have brought about deinstitutionalization. Among them are the evolution of community mental health centers, breakthroughs in psychotropic medications, and multiple legal decisions regarding a client's right to treatment in the least restrictive settings.

Regretfully, several problems associated with deinstitutionalization have arisen. The community centers have mainly provided treatment services. For a client who has a serious long-term mental illness, much more is needed. Residential services, training in daily living skills, employment, and socialization opportunities are also necessary.

Without these services, many clients return to the hospital over and over again. For example, in Texas last year, over half of the admissions to state hospitals were readmissions. This process traps the mentally ill in what has come to be known as the "revolving door."

Many clients who do not return to the hospital still have problems and may end up living in rundown boarding houses or even on the streets. Community care for the mentally ill continues to be a worthwhile goal. But a tremendous increase in coordination, planning, and funding of services will have to occur before the dream becomes reality.

Kinds of Treatment

Through the years, a variety of methods have been tried in the treatment of mentally ill individuals. Currently, the three major forms of treatment for mental illness are psychotherapy, medical treatment, and milieu therapy.

Psychotherapy. Psychotherapy is a general term for treatment by psychological procedures. The key element in most psychotherapeutic approaches is talking about one's problems with another person, usually a trained mental health professional.

The National Institute of Mental Health has estimated that there are about 130 different theories or approaches to psychotherapy. New techniques are constantly being developed. The wide variety of techniques available can be confusing to both the client and the person training to be a mental health professional.

This dilemma is further complicated by the fact that every method of psychotherapy has its supporters and its detractors. There is much debate about the effectiveness of various treatment methods.

Debate also exists over whether psychotherapy is helpful to seriously mentally ill persons or is only useful to persons who are unhappy with some aspect of their life—"the worried well."

Regardless of the philosophical issues involved, it is a fact that psychotherapy is an established technique of mental health treatment and is beneficial to many people. A discussion of several of the most prominent schools of psychotherapy follows:

1. **Psychoanalysis.** Psychoanalysis is perhaps the most well-known technique for dealing with mental disorders. Developed by Sigmund Freud, the emphasis of psychoanalytic theory is on the unconscious mind and early childhood experiences.

Freud believed that the mind has three distinct parts. The **id** is the part of the mind that includes unconscious desires and pleasure-seeking instincts. The **superego** involves the conscience, which controls a person's sense of right and wrong, good and bad. Guilt is a product of the superego. The **ego** is the conscious or rational part of a person's mind that is in touch with reality. The ego has to balance the unconscious needs of the id and superego.

Freud theorized that many unconscious conflicts in childhood are repressed and can continue to interfere with a person's functioning into adulthood. Therefore, the goal of therapy is to bring the repressed conflicts into the conscious mind where they can be dealt with rationally.

In psychoanalysis, the traditional procedure includes a couch, where the person can totally relax, an analyst who sits out of the patient's view and takes notes for later interpretation, and free association in which the person verbalizes whatever comes to mind.

Many modifications and variations of psychoanalysis are practiced today. A major obstacle to this type of therapy is the length of time necessary for treatment. Psychoanalysis may take a number of years to complete.

2. **Behavior therapy.** This therapy is much more concerned with "what" a person does than with "why." Behaviorism was originally based on the work with animals of I. P. Pavlov, a Russian researcher, and B. F. Skinner, an American psychologist.

Pavlov is best known for his work in the early 1900s in teaching dogs to salivate when they heard a bell. This was accomplished by pairing the ringing of a bell with food. Gradually, he withdrew the food, but the dogs continued to salivate at the sound of the bell. This process is called "conditioning."

In the mid-1900s, B. F. Skinner carried Pavlov's experiments further by teaching pigeons to do several complicated tasks. He did this by breaking down each task into small steps and reinforcing the bird with food whenever it performed the desired behavior necessary for completing each step.

This process of **operant conditioning** has been refined and expanded to include an entire system of teaching appropriate behavior and eliminating inappropriate behavior.

Behavior therapy is used extensively in mental health settings. This is because it is one of the simplest and most effective methods of teaching people appropriate ways of interacting.

Suppose a client named Judy is very shy and withdrawn. The goal or **target behavior** for Judy might be for her to talk to other people more. A reward system could be established for Judy to receive something she really likes when she performs the desired behavior.

A reward given for appropriate behavior is called a **reinforcer**. Many things can be used for reinforcement, including food, praise, attention, and privileges. Let's say, in Judy's case, that she really likes to play board games.

Judy's behavior can then be recorded by either its **frequency** (how often it occurs) or by its **duration** (how long it lasts.) So the goal could be based on how many people she talks to during a set time, or how long she talks to another person, or both.

Therefore, a behavior contract for Judy might state that, if Judy talks to at least three people for at least five minutes each that morning, the worker will play a game with her that afternoon.

It is important to give reinforcement as soon as possible when teaching new behavior. The more time that passes between the behavior and the reinforcement, the less likely it is that the behavior will change.

It is also important to be consistent in providing reinforcement. For example, if the mental health worker does not have time to play a game that afternoon or forgets to take note of Judy's interaction with others, then the chances of Judy changing her behavior are slim. By the same token, if the worker plays the game with Judy even if the goal is not reached, the value of the contract is lost.

Also, it is more effective to give positive reinforcement for appropriate behavior than to give negative reinforcement for inappropriate behavior. In this case, it would probably not be helpful to punish or scold Judy when she does not speak to someone who enters the room.

These techniques are applicable to a variety of situations. Many books have been written for teachers, parents, employers, employees, wives, husbands, and others on the techniques of behavior management.

3. **Other therapies.** Several other therapeutic approaches are in use today. Among these are the humanistic therapies, such as that practiced by Carl Rogers, and transpersonal therapies, such as transcendental meditation.

In addition to the large number of therapeutic models currently being practiced, a variety of special treatment forms have come into widespread usage. A few of these are:

a. **Group therapy.** This technique attempts to apply the same therapeutic value of individual psychotherapy to groups. One of the most popular forms of group therapy is transactional analysis.

b. **Family therapy.** This approach involves treating an entire family, rather than just one member. The theory behind this is that one person's problems are an integral part of a larger family system and need to be treated within that context.

c. **Play therapy.** Children often demonstrate their thoughts and feelings through play. With the help of an experienced play therapist, this special treatment form can be used for learning about and understanding problems a young child might not be able to communicate otherwise.

Medical treatment. Among the forms of medical treatment for mental illness are drug therapy, electroshock therapy, and psychosurgery. Each of these treatments is discussed in the following section.

1. **Drug therapy.** Major breakthroughs in the development and use of psychotropic drugs have been made in the last few years. These have literally changed the lives of many persons afflicted with mental illness.

a. **Antipsychotics or major tranquilizers.** These drugs are most effective in the treatment of the psychotic symptoms associated with schizophrenia, manic depression, and dementia. Some of the common brand names include Thorazine, Mellaril, Prolixin, Haldol, and Navane. Thorazine, the first tranquilizer, was developed in France in 1952. Its generic name is chlorpromazine.

   Several side effects of these drugs may occur. These include drowsiness, increased heart rate, decreased blood pressure, and constipation. Perhaps the most serious side effects are disturbances in movement, such as tremors, muscle spasms, and tardive dyskinesia. Tardive dyskinesia results in uncontrollable movement of the arms, lips, and mouth. Sometimes the patient appears to be chewing or smacking the lips constantly, which can interfere with eating and talking. Sometimes this side effect is irreversible.

   Sometimes the drugs Artane, Cogentin, or Benadryl are used to treat the side effects of the primary drugs. However, they also produce side effects, such as dry mouth, blurry vision, and inability to urinate.

b. **Sedatives and minor tranquilizers.** These drugs are by far the most commonly prescribed of the psychotropics. They are excellent in the treatment of symptoms of anxiety and problems in sleeping.

   They do have some side effects, such as drowsiness and confusion. However, the greatest difficulty with using these drugs is that they can be addictive. Physicians usually only recommend sedatives or tranquilizers for a short time since the body does build up a tolerance for them.

   Some of the common brand names in this category are Valium, Librium, Miltown, Serax, Tranxene, and Seconal.

c. **Antidepressants.** This category of drugs can be very effective in the treatment of depression. Some of the common antidepressants are Tofranil, Norpramin, Elavil, Aventyl, Sinequan, and Pamelor.

   These drugs vary in the severity of side effects. These may include decreased blood pressure, increase in heartbeat, drowsiness, constipation, difficulty in urination, blurred vision, and dry mouth.

d. **Lithium salts.** Lithium differs from the other psychotropic medications in that it is not a drug, but a mineral found in the form of a salt. It has proven to be very effective in the treatment of manic-depressive symptoms.

   Lithium is very potent, and the margin between a therapeutic dosage and one that produces an ill effect or toxicity is very slim. Therefore, the use of lithium requires close monitoring. Blood samples are taken often to monitor the level of lithium in the body.

   Some of the initial side effects of lithium are thirst, increased urination, diarrhea, nausea, and slight tremors. These side effects usually do not last long. However, if the client continues to experience nausea, diarrhea, and more severe tremors, the dosage is probably too high. If not changed, it could lead to lithium toxicity. This is indicated by such symptoms as difficulty walking, impaired consciousness, coma, and seizures.

Drugs may only be prescribed by a physician. They may only be administered by a physician, registered nurse, or licensed vocational nurse. However, it is important for anyone who works with persons receiving medication to observe those persons closely for unusual or adverse effects of the drugs. Any changes should be reported to medical personnel immediately.

2. **Shock treatment.** Electroconvulsive treatment, or ECT, is one of the most controversial forms of treatment. While it is not the cure-all for mental illness, it was hailed as such when it came into use in the late 1930s. It is still used in many cases, particularly with severe suicidal depression.

In electroconvulsive treatment, electrodes are attached to the temples, and a shock passes through the brain, causing a seizure. An injection of succinylcholine, a muscle relaxant, is used to avoid the convulsions and resulting bone fractures that sometimes occurred in the early days of the treatment.

ECT is controversial because it is not known how the electrical impulse works. Some memory loss and confusion are usually temporary side effects of the treatment. Also, because it is quick and easy, many people believe it has been overused. Some states have enacted laws regulating the use of ECT.

3. **Psychosurgery.** Psychosurgery involves operating on a healthy brain in order to change the person's behavior or personality. The most common form of psychosurgery is a lobotomy, and the resulting changes in the brain are irreversible.

This form of treatment was practiced almost routinely in the 1950s. It has been estimated that over 50,000 prefrontal lobotomies were performed during that period.

A lobotomy is an extremely serious operation and is rarely performed today. Concerns about it include the potential for it to be used simply to control the behavior of an obnoxious or hostile patient.

Milieu therapy. Milieu therapy is concerned with creating an environment conducive to positive mental health. Aesthetically pleasing surroundings, as well as opportunities for socialization and recreation, are provided within the mental health setting.

In many cases, seriously mentally ill persons have not had the opportunity to learn job skills or even basic daily living skills. Many psychosocial rehabilitation programs attempt to provide training in such areas as money management, cooking, grooming, and work skills. The goal of such programs is for the client to be able to live as independently and productively as possible.

In addition to the major forms of treatment already discussed, other theories exist about possible treatment methods. Currently, there is a great deal of interest in the effect of nutrition and the possible use of vitamin therapy and controlled diet in treating mentally ill patients.

Types of Services Available

Mental health services are provided in a variety of settings. Some of these include:

1. **Community mental health centers.** Funded by a combination of federal, state, and local funds, community centers are responsible to the public for providing mental health care to anyone who needs it. Services are provided on a sliding fee scale according to a person's ability to pay. Thus, even a person with no income might still receive services. A community mental health center must provide at least five essential services to receive federal funds:

a. **Outpatient care.** The client comes to the clinic on a regular basis for treatment.

b. **Inpatient services.** Hospital care is provided if needed.

c. **Partial hospitalization.** A patient may spend either days or nights in the hospital, going home whenever possible.

d. **Emergency service.** Twenty-four hour emergency care must be available at all times.

e. **Education and consultation.** The center provides information to other agencies and persons interested in the mentally ill, such as schools and courts.

2. **Hospitals.** These might be state hospitals that provide care to seriously mentally ill persons at lower fees, private psychiatric hospitals, or even general hospitals may have a psychiatric unit or beds for persons experiencing emotional problems. Many Veterans Administrations hospitals also provide mental health services to their patients.

3. **Mental health clinics.** In addition to community mental health centers, many private or public organizations offer mental health services on an outpatient basis.

4. **Crisis or hotline centers.** These provide help in emergencies and make referrals on the telephone to people who need help.

5. **Self-help groups.** Many self-help groups, such as Alcoholics Anonymous, have proven very effective in helping people cope with their problems.

6. **Schools and businesses.** Most schools and colleges provide counseling for their students. Many large businesses have even begun to have mental health professionals on their staffs or employee assistance programs.

7. **Private practice professionals.** Many psychiatrists, psychologists, and social workers are in private practice and provide mental health services on an individual basis.

8. **Mental Health Association.** The Mental Health Association is a citizen's organization that provides information concerning mental health and mental illness. It also makes referrals to mental health service providers.

6

Basic Helping Skills

Objectives: *After completing this unit, you will be able to—*

1. *identify three characteristics of an effective helper;*
2. *list four behaviors that indicate good listening;*
3. *explain the concept of reflecting meaning or feelings;*
4. *define feedback; and*
5. *identify the five basic steps of the helping cycle.*

The most common reason given for entering the mental health field is to be of help to others. Each person has the potential to interact with others in helpful ways. The goal of the mental health profession is to maximize the natural helping tendencies we each have.

Many people seem to believe that there is something magical or mysterious about being a professional mental health worker. While this is not the case, being a professional helper is hard work. It requires a great deal of concentration and caring.

Characteristics of an Effective Helper

Many studies have attempted to identify the personal qualities of an effective helper. Regardless of their training or therapeutic approach, successful helpers seem to have certain traits in common. Chief among these are empathy, warmth, and genuineness.

(1) **Empathy.** This is the ability to put yourself in another person's shoes. To be of help to someone else, you have to be able to understand what is going on with the other person and to convey that understanding to the person.

Empathy is not the same as sympathy. Sympathy often implies feeling sorry for the other person and is not necessarily helpful. It is also important not to become so caught up in another person's problems that objectivity is lost.

(2) **Warmth.** This refers to a person's ability to relate to others in a friendly, caring way. If a person views the helper as cold or aloof, it is unlikely that the closeness necessary for a helping relationship will occur.

Carl Rogers coined the phrase "unconditional positive regard," which is certainly related to warmth. This means that the helper accepts the other person totally, in a respectful, nonjudgmental way.

(3) **Genuineness.** Genuineness is the ability to convey openness and naturalness to another person. This is an essential characteristic in building trust.

If a helper appears to be "phony" or hides behind a professional facade, this is usually apparent to the other person. To be helpful, one's actions, attitudes, and behavior should be in agreement, or congruent.

Communication

The basis of any helping relationship is communication. Webster defines communication as the exchange of information. Effective communication takes place when the message sent is the same as the one received.

Virginia Satir, the well-known family therapist, once estimated that, by the time a person reaches the age of five, he or she has probably been involved in about a billion exchanges of communication. Unfortunately, practice does not necessarily make perfect in this case. Good communication is one of the most difficult skills to develop.

Several specialized communication skills are needed to develop an effective relationship. These are described in the following sections.

Listening. Listening is the key to effective communication. As author Ken Olson once said, "The more I listen, the better they hear me."

Think for a moment about someone you consider to be a good listener. What does that person do to let you know you are being heard? These are a few of the behaviors we usually think of in relation to good listening:

1. **Eye contact.** Looking someone in the eye indicates interest and attention. If the person you are talking to stares into space or looks at the floor constantly, you probably will not feel that you are being heard.
2. **Body language.** Books have been written about the many ways people are able to communicate through posture, facial expressions, and gestures. Facing the person who is talking, and smiling, leaning toward the person in a relaxed way, and nodding are all ways of listening in a helpful way.

   By the same token, the body language of others can be very revealing, especially when what a person is doing does not match what he or she is saying. For example, a person who is saying "I'm not mad," while standing with arms crossed and fists clenched is the classic example of incongruence.
3. **Touch.** Touch is probably the most powerful means of communication we have. A pat on the hand or a hug can be more helpful at times than a hundred words.
4. **Content.** Naturally, it is important to listen to the content of what a person is saying in order to understand the meaning.

Feelings. Just as listening is the key to communication, feelings are the key to listening. Listening for feelings is the most important helping skill one must develop. To share our feelings is to share ourselves. A few of the skills related to feelings are:

1. **Acceptance.** One of the most difficult lessons for both the helper and the person being helped to learn is that all feelings are okay. Feelings are not good or bad, right or wrong. Feelings just are.

   Of course, the way in which we handle our feelings may have either positive or negative consequences. For example, anger is a common emotion that we all experience. We may express that anger in many ways. It may be very appropriate to deal with anger by talking about it or by doing a physical activity to work it off. However, it would not be appropriate to hurt someone else because of anger.

   Many people have difficulty in accepting their feelings. Most of us have been told from time to time that we "should not" feel a certain way or we "ought" to feel another way. By accepting all of a person's feelings, the helper can aid the person in accepting his or her own feelings and in dealing with them more effectively.
2. **Reflecting.** This is a technique in which the helper "reflects" the meaning or feelings back to the other person. This can be done by either parroting or paraphrasing.

   Parroting means to repeat exactly what the person says to you. For example:

   Person: "I am really feeling kind of down today."

   Helper: "You are really feeling kind of down today."

   Paraphrasing means to restate the person's meaning in other words. For example:

   Person: "I am really feeling kind of down today."

   Helper: "You are a little low today," or "Today hasn't been a good day for you."

Reflecting assists the helper in understanding the other person's meaning as well as letting the person know in a tangible way that the helper is trying to understand. Helpers have to be careful, however, not to overuse this technique or to use it in a mechanical way, or its value is lost.

3. **Self-disclosure.** Sharing our thoughts and feelings with another person can be very helpful. It can also be very scary because it makes us vulnerable to the other person. We have all asked the question, "If you really knew me, would you still like me?" Yet, a true helping relationship cannot exist without self-disclosure on the part of both persons.

   Often, the helper can make this process easier for the other person by modeling self-disclosure. It builds trust and closeness. But the helper has to be cautious not to overwhelm the person with too much personal information or to take too much time away from the person he or she is helping.

Clarification

The most common error made in relating to other people is to "assume" you know what another person is feeling or thinking. Each person has a special combination of feelings, experiences, thoughts, beliefs, and values, which makes that person unique. The unique way in which each of us perceives the world is sometimes referred to as our "phenomenological field" or "life space."

Each of us has experienced the painful consequences of making a wrong assumption about another person. For example, you assume someone knew what time to pick you up or that, because you like Chinese food, your date would, too. Or you believed that if someone really loved you, he or she would automatically know what you were thinking or feeling.

None of us is a mind reader. It therefore becomes very important to "check out" the other person's meaning. Ask the person what he or she is feeling, and tell the other person what you understand him or her to mean. Phrases like "I'm not sure I understand," "Could you tell me more about that?" and "What I hear you saying is. . ." are commonly used in asking for clarification.

It is also important to be sure the other person understands what you mean. This can be done by asking the other person to tell you what he or she heard you say.

This process of "checking out" the other person's meaning may seem tedious, but it is essential to the communication process.

Feedback

It is impossible not to communicate. Whether we realize it or not or whether we want to or not, we all have an impact on others.

Feedback is the process by which we share with others our impressions, feelings, and actions in relation to them so that they can become aware of their impact on us. Feedback is viewed by some as confrontation in which discrepancies between what a person is saying and doing are pointed out. While feedback may involve confrontation, it is much broader in scope.

For example, while you might give feedback by saying, "You know, when you came in today, you never even looked at me. It made me feel unimportant to you."

Another example of feedback would be "I really liked the way you smiled when you came in today. It made me feel closer to you."

Feedback must be given with sensitivity and care. To be most effective, feedback is—

1. **Honest.** To be anything but honest is to confuse the other person and interfere with trust.
2. **Realistic.** Feedback is not given if a factor cannot be changed. To tell a person his ears are too long is not appropriate feedback.
3. **Timely.** Giving feedback at an inappropriate time can negate its effect. Feedback should not be given a long time after the fact, when emotions are highly charged, or when the other person is not ready to hear it.
4. **Nonjudgmental.** Feedback focuses on what is and how it affects the persons involved. Moralizing has no place in the helping relationship.
5. **First person.** The person giving feedback should make "I" statements. What a third person thinks or feels is usually not relevant. Thus, the infamous "they" is eliminated from feedback.

6. **Here and now.** The more immediate feedback is, the more helpful it is. To say "Six years ago when you. . ." is usually not appropriate.
7. **Nonanalytical.** It is sometimes tempting to speculate on why a person acts in a certain way. But such speculation as "I guess when you were a child, your mother must have". . . is not helpful feedback.
8. **Responsible.** Feedback is not giving advice. Telling others what to do takes away their responsibility and makes you responsible for them.

Receiving Feedback

As a helper, it is equally important to be able to receive feedback. Many of us have difficulty accepting feedback, particularly positive feedback. It is not unusual to feel self-conscious and "discount" a compliment. You have probably said many times or heard someone else say, "What, this old thing? I've had it a hundred years," when complimented on a shirt or blouse. It is important to let other persons know that you accept their feedback and appreciate it.

Helping Cycle

A variety of models have been developed that attempt to explain the stages involved in the helping process. One of the simplest of these models is one used by Ben Strickland and John Arnn of Texas Christian University's Counselor Education Department. NOSIE is the name of the model, and it involves breaking the helping cycle into five steps:

(1) Needs
(2) Obstacles
(3) Strategies
(4) Implementation
(5) Evaluation

This cycle can be applied to any number of situations. The steps are described here in more detail:

1. **Needs.** This is the first step in the process of helping another person. It is important for the person who is asking for help to be able to state what it is he or she needs. Once the need is clear, it can be translated into a goal.
2. **Obstacles.** The next step is to identify any barriers that might interfere with having the need met. Obstacles present themselves in many ways, including time, money, and even feelings.
3. **Strategies.** Strategies are possible plans of action to overcome the obstacles to meeting the need. The helper's job is to assist the person in exploring alternatives. Often, many options for action may exist which a person may not have thought about. This step involves weighing the pros and cons, and considering the consequences of each possible strategy.
4. **Implementation.** Once a plan has been decided upon, it is time to take action. The best plan in the world is of no use if it is not carried out. This stage is sometimes referred to as "homework" by mental health professionals. The helper can provide support and encouragement, but only the person involved can implement the strategy that has been selected.
5. **Evaluation.** It is vital to evaluate whether a plan of action is successful or not. Success may be built on many factors, but some measure of "Did it work or not? Why, or why not?" is essential. This step in the process allows the helper to "stroke" the person for his or her efforts. It also helps the person decide whether the need has been met, the strategy needs to be modified, or to try another strategy altogether.

An example of how the helping cycle works follows. Suppose the problem is that Johnny is late to class every day. The **need** or goal would be for Johnny to be in class on time.

An **obstacle** to getting to class on time might be that Johnny lives a long way from school and does not get up in time to get there promptly.

Possible **strategies** for overcoming the obstacle might be for Johnny to—

1. continue to be late to class. (This would result in failing the class.)
2. drive faster. (The consequence of this strategy might be a wreck.)
3. set the alarm clock 30 minutes earlier. (This strategy might take some adjusting to, but it appears to be worth a try.)

Johnny chooses the strategy of setting the alarm clock earlier and **implements** his plan the next day.

Unfortunately, Johnny did not make it to class on time today either. But he was just 5 minutes late instead of 30 minutes. In **evaluating** his actions, it becomes clear to Johnny that he would have made it if it had not taken him 10 minutes to find his clothes that morning.

So the process is repeated, with the additional strategy of laying out his clothes the night before. By combining the strategies of setting the alarm clock 30 minutes earlier and laying out his clothes, Johnny makes it to class with 5 minutes to spare! His plan of action is a success.

This is, of course, a simplified version of the helping cycle, but it does work with a variety of problems. The helper's job is to guide the person he or she is helping through this process. It takes practice, but it pays off.

The basic task of the helper is to make a connection with the other person, to build a trusting relationship, and to facilitate positive change. Skills development in the areas that have been discussed in this unit will assist you to become an effective helper. These skills are equally applicable in relating to clients, families, co-workers, and friends.

7

Legal Issues

Objectives: *After completing this unit, you will be able to—*

1. *name the law that governs mental health issues in Texas;*
2. *describe the ways in which a person can be admitted to a mental health facility;*
3. *explain the implications of the O'Connor versus Donaldson court case;*
4. *discuss a mentally ill person's rights to treatment;*
5. *identify the federal law that defines a Bill of Rights for the mentally ill; and*
6. *list five basic rights of a client in a mental health facility.*

Mental health issues present some special legal problems. Several important questions in regard to the mentally ill have to be answered legally. A few of these are:

- Under what circumstances can a person be confined for mental illness?
- What are the legal procedures necessary for a commitment? for release?
- What are the rights of a person in a mental health facility?

The answers to all these questions are somewhat different from state to state, but all states have laws regarding these issues. In Texas, the law that governs the care of the mentally ill is called the Texas Mental Health Code.

A person can be admitted to a mental health facility in one of several ways, either voluntarily or involuntarily. The procedure for voluntary admission and involuntary commitment in the state of Texas are described in the following section. Procedures in other states vary.

Voluntary Admission

Any person may voluntarily request mental health services. The head of the facility involved then determines whether the person has symptoms of mental illness and would benefit from the services.

A person who has been voluntarily admitted to a mental health facility retains all of his or her legal rights. The Texas Mental Health Code also outlines other rights, such as the right to send and receive sealed mail, the right not to participate in research, and the right to be safe from harm.

The voluntarily admitted person may leave the facility within 96 hours of filing a written request to do so.

Involuntary Commitment

It is not unusual for a person who is mentally ill not to recognize the need for help and to refuse treatment. The law has several provisions to detain a person under these conditions:

1. **Emergency Detention**

   Any adult may ask for an application for emergency detention of another for mental illness. The applicant must have reason to believe the person is mentally ill; that because of mental illness, the person represents a substantial risk of serious harm to self or to others if not immediately restrained; and that necessary restraint cannot be accomplished without emergency detention.

Under these circumstances, a peace officer may detain a person and transport that person to a mental health facility. A physician must examine the person within 24 hours to determine if further treatment is needed.

Obviously, requesting the detention of another person is a serious decision. A person can be fined $5,000 and jailed for up to two years for causing the unwarranted commitment of another individual.

2. **Court-Ordered Temporary Mental Health Services**

A hearing in county court must be held within 14 days of application to determine if a person needs court-ordered mental health services. The hearing is held before the court unless a jury trial is requested. The purpose of the hearing is to determine if:

(a) a person is mentally ill; and
(b) as a result of the mental illness the person is likely to cause serious harm to himself or others; or
(c) if not treated, will continue to suffer severe and abnormal mental, emotional, or physical distress and will continue to experience deterioration of his ability to function independently, and is unable to make a rational and informed choice as to whether or not to submit to treatment.

This information must be proven to a judge or jury by clear and convincing evidence and certificates of examination for mental illness filed by two medical doctors for commitment to occur. The person may be committed to either inpatient or outpatient public treatment services by the judge. Outpatient commitment is a new kind of order. A person can stay at home and go to a mental health clinic as ordered. With an inpatient commitment, however, a person must stay at the hospital.

Once a person is committed, the head of the mental health facility may discharge the individual at any time upon determination that the person no longer meets the criteria for court-ordered mental health services. A court order for temporary services may not exceed 90 days.

3. **Order of Protective Custody**

On occasion, a person in severe crisis may need to be confined sooner than the normal hearing procedures allow for. The criteria for an order of protective custody (OPC) is the same as for temporary mental health services except that an opinion of an examining medical doctor is needed. This opinion must state that the person represents a substantial risk of serious harm if not immediately restrained.

An Order of Protective Custody can only be used if an application for mental health services has already been filed. If an OPC is issued, the person is detained, and a probable cause hearing must be held within three working days. An OPC is not to exceed 14 days, although the court may grant one 7-day continuance.

4. **Court-Ordered Extended Mental Health Services**

The procedures for extended services are similar to those for temporary services, with several exceptions. The primary difference is that the two certificates of mental illness by the examining physicians must state that the person's condition is expected to continue for more than 90 days.

In addition, this application can be entered only if the person has received court-ordered inpatient treatment for at least 60 consecutive days within the last year. The hearing is held before a jury unless a jury trial is waived. Court-ordered extended mental health services cannot exceed 12 months.

The court costs of commitment procedures are paid for by the county in which the application is filed. The county can charge the court costs to the patient or any person or estate liable for his or her support.

The commitment procedures that have been described are taken from the Texas Mental Health Code, which was revised in 1983. The new code reflects much of the current concern for individual rights.

Areas of Legal Conflict

The basic conflict regarding mental health law has traditionally concerned the balance between an individual's rights and freedom versus protection of that person and the community. Much of mental health law was originally written on the premise of **parens patriae.** This premise is that the government has a right to act as parent and intervene in the life of any individual the state believes is not capable of protecting his or her own interests.

Today, that philosophy is somewhat outdated since many people believe, and multiple court decisions have confirmed, that an individual's **right to liberty** should not be easily taken away. Simply being mentally ill is no longer considered justification for confinement.

The court case of Donaldson versus O'Connor in 1975 was the landmark case in regard to the right to liberty. In the past, most people were confined to mental hospitals on an indefinite commitment basis and, in many cases, spent their entire lives there.

Regarding the case of Donaldson versus O'Connor, Kenneth Donaldson was confined to a state hospital where Dr. O'Connor was the administrator. For 14 years, Donaldson was held there against his will, even though he was not dangerous in any way. The Supreme Court ruled that "a finding of mental illness alone cannot justify a state's locking a person up against his will and keeping him indefinitely in simple custodial confinement" and that Donaldson's constitutional right to freedom was violated.

Another current issue that relates to a person's right to liberty is the issue of treatment in the **least restrictive setting** possible. Mental hospitals were for many years virtual prisons, with locked doors and barred windows. Also, it was not unusual for persons who were mentally ill to be jailed simply because there was nowhere else for them.

Proponents of deinstitutionalization hope that the current trend to develop a wide range of treatment options in the community will mean that only the most severely mentally ill may have to be hospitalized. Even when hospitalization becomes necessary, every effort should be made to make the environment as open as possible. The goal of treatment is that the person treated will not become dependent on hospital life and will be able to return home as quickly as possible.

Another major area of legal conflict involves whether a mentally ill person has a **right to treatment.** The most well-known court case in this area is Wyatt versus Stickney. This was a class action suit filed in 1970 concerning a hospital in Alabama. Ricky Wyatt was one of many clients involuntarily committed to Bryce Hospital. Stickney was the Commissioner of Mental Health when the suit was filed. The court found that the hospital care and treatment of patients were inadequate, and staffing patterns were insufficient. Judge Johnson, in ruling in favor of the patients, stated: "To deprive any citizen of his or her liberty upon the altruistic theory that the confinement is for humane therapeutic reasons and then fail to provide adequate treatment violates the very fundamentals of due process."

Judge Johnson also listed three fundamental conditions for adequate and effective treatment programs in public mental institutions. These three fundamental conditions are—

(1) a humane psychological and physical environment;
(2) qualified staff members in numbers sufficient to administer adequate treatment; and
(3) individual treatment plans.

Similar court cases are pending in many states, including Texas.

Bill of Rights for the Mentally Ill

Concern for the rights of persons receiving mental health services led to the establishment of a Bill of Rights for clients by the 1980 Mental Health Systems Act.

Title V, Section 501, of the Mental Health Systems Act, 42 U.S.C. 9501, for the first time defines in United States law a Bill of Rights for mentally ill patients.

The state of Texas and many other states have revised their laws to reflect these rights. A person admitted to a program or facility for the purpose of receiving mental health services should be accorded the following:

- the right to treatment and services under conditions that support the person's personal liberty only as necessary to comply with treatment needs, law, and judicial orders
- the right to an individualized, written treatment or service plan (to be developed promptly after admission), treatment based on the plan, periodic review and reassessment of needs, and appropriate revisions of the plan, including a description of services that may be needed after discharge
- the right to ongoing participation in the planning of services to be provided and in the development and periodic revisions of the treatment plan, and the right to be provided with a reasonable explanation of all aspects of one's own condition and treatment
- the right to refuse treatment, except during an emergency situation, or as permitted under law in the case of a person committed by a court for treatment
- the right not to participate in experimentation in the absence of the patient's informed, voluntary, written consent; the right to appropriate protections associated with such participation; and the right and opportunity to revoke such consent
- the right to freedom from restraint or seclusion, other than in an emergency situation
- the right to a humane treatment environment that affords appropriate privacy and reasonable protection from harm
- the right to confidentiality of records
- the right to access, upon request, to one's own mental health care records
- the right (in residential or inpatient care) to converse with others privately and to have access to the telephone and mails, unless denial of access is documented as necessary for treatment.
- the right to be informed promptly, in appropriate language and terms, of the rights described in this section
- the right to assert grievances with respect to infringement of this Bill of Rights, including the right to have such grievances considered in a fair, timely, and impartial procedure
- the right of access to a protection service and a qualified advocate in order to understand, exercise, and protect one's rights
- the right to exercise the rights described in this section without reprisal, including reprisal in the form of deni[illegible] of any appropriate, available treatment
- the right to referral, as appropriate, to other providers of mental health services upon discharge

In addition to these rights mandated by federal law, each mental health facility usually has a number of rules and regulations that affect the care of clients. It is the responsibility of each mental health worker to know and abide by the laws and regulations pertaining to a client's rights.

8

Mental Health Worker Responsibilities

Objectives: *After completing this unit, you will be able to—*

1. *name the organization responsible for the accreditation of mental health facilities;*
2. *outline the principles of observation;*
3. *list the seven rules of reporting;*
4. *identify five procedures of proper body mechanics; and*
5. *cite the responsibilities of a mental health worker in a disaster.*

Mental Health Team

As a mental health worker, you will be part of a team that may include other mental health professionals, such as psychiatrists, psychologists, and social workers. In a hospital setting, you may also work with additional personnel, including psychiatric nurses, rehabilitation and recreational specialists, and even dieticians.

Regardless of the types of professionals used in the facility in which you are employed, clear communication and cooperation are essential to working with others.

Supervision

Once on the job, you will be assigned a supervisor to whom you will report directly. This person will be responsible for the assignment of duties, instructions for carrying out those duties, and evaluation of your job performance.

Follow your supervisor's directions carefully. But don't be afraid to ask questions. It is better to take the extra time to be sure you understand what you are supposed to do than to do an assignment incorrectly or incompletely.

Rules and Regulations

Mental health facilities have many rules and regulations. These include state and federal regulations as well as those set by the administration of the facility. This helps to ensure its safe and effective operation.

In addition, the Joint Commission on Accreditation of Hospitals sets standards for health facilities. For a mental health facility to be accredited by JCAH, it must meet a multitude of standards on everything from completing client records to building codes.

Training

The mental health facility in which you work will have an orientation and training program to help you understand the regulations and procedures of that facility. The training you receive as a mental health worker will depend on the setting in which you work. The type of training required for mental health workers also varies from state to state and from facility to facility.

For example, the Texas Department of Mental Health and Mental Retardation provides a set professional training program for MHMR aides in its facilities. Employees complete a five-day orientation program before they begin working, receive in-service training on the job, and may complete additional modules of instruction for promotion.

In the discussion that follows, you will be given examples of the kinds of information provided in training sessions for mental health aides. The information in the areas of observation, reporting, body mechanics, and disaster planning is derived from the initial training modules of the Texas Department of Mental Health and Mental Retardation for MHMR aides. Workers in hospital settings may also receive training in such areas as management of aggressive behavior, restraint, and seclusion.

Observation

The client is always the first priority of the mental health worker. You can help the client and other members of the mental health team by carefully observing the client's behavior and physical condition.

In order to report any changes, it is important to take note of the client's normal behavior and condition. This will enable you to detect any abnormal symptoms. A discussion of the areas to be observed follows:

1. **Behavior.** Changes in any of these areas should be reported.
   - a. lack of consciousness
   - b. changes in sleep patterns
   - c. pain
   - d. changes in activity
   - e. speech
   - f. aggressiveness
   - g. fright
   - h. walking
   - i. withdrawal

   For example, the actions of a gregarious client who begins to retreat from group activities or a normally calm client who suddenly becomes restless might be reasons for concern.
2. **Temperature.** A person's body temperature can be an indicator of physical problems. A high temperature may be noted by warm or hot skin, flushed or red skin, chills, excessive thirst, or decreased activity.

   Signs of a low body temperature include a cool forehead, a blue or gray cast to the skin (especially around the mouth and nails), and the client's feeling cold. The person's temperature should be taken immediately, according to the facility's procedures.
3. **Respiration.** Breathing should be regular, even, and almost silent. However, breathing patterns vary from person to person. So once again, it is important to know what is normal for that client. Some of the signs of breathing problems include its absence; breathing too fast or too slow; shallow, noisy, or labored breathing; and breath odor.
4. **Skin.** The skin does not change very often, so changes are readily observable. Skin changes to note include color, rashes, swelling, wounds, temperature, dryness, sweating, growths, and dehydration. In reporting skin changes, you should describe the change, the time it was noted, and the specific part of the body affected.
5. **Digestion and elimination.** Client complaints regarding poor appetite, vomiting, pain, constipation, diarrhea, swelling of the abdomen, blood in urine, or incontinence should be reported.

The mental health worker's ability to observe and accurately report the changes that have been described can be crucial, especially when medical attention is necessary.

Reporting

In any mental health facility, several types of records must be kept. These include accident reports, illness and injury reports, inventories, and other client records. Here are guidelines for writing a report:

1. Be sure to use the correct report form.
2. Write clearly so that others can read it.
3. Date the report.
4. Sign your name and title.
5. Do not use symbols and abbreviations, unless they are on an approved list.
6. Write in detail, and make it clear to others what is meant.
7. Never erase or mark out errors or mistakes. Draw one line through the error, write "error" in parentheses above it, and initial it.

It is also important to remember that client records are confidential. Records cannot leave the facility or be copied. Most importantly, you must not discuss a client outside of the facility.

Body Mechanics

As a mental health worker, you may be asked to lift and move objects, such as boxes and equipment. You may also be called upon to lift and move clients.

The term "body mechanics" refers to the ways in which the body and its parts work while you are standing, moving, and doing your work. Basic safety rules that should be followed when lifting an object or person are:

1. Get help if you have any doubt about being able to move an object or person by yourself.
2. Wear safety shoes with reinforced toes to prevent injuries from dropped objects. You should wear nonslip shoes that support and protect your feet.
3. Stand close to the weight to be lifted, and keep the weight close to your body.
4. Face the direction of the movement.
5. Have a broad base of support; that is, have your feet widely separated.
6. Keep your back straight! Bend from the hips.
7. Bend your knees when lifting so that you use the strong leg muscles instead of the weaker back muscles. Lift with your legs instead of with your back.
8. Squat, don't bend, when lifting anyone or anything from the floor.
9. Get a good grip to make carrying easier and to protect your fingers.
10. Shift your weight to the forward foot when turning, such as when you move a client up in the bed. Use smooth, easy motions.
11. Turn your whole body, including your feet, to change directions.

If you work in a hospital setting, you will probably also be taught techniques for specific tasks, such as changing a bed with a patient in it or moving a patient in a wheelchair. The most important rule of moving a person is: Always tell the person what you are going to do before you do it.

First Aid

A basic knowledge of first aid procedures is necessary for a mental health worker. Accidents and injuries are not uncommon in mental health facilities. The facility may provide its own training in this area, or an approved course of the American Red Cross may be accepted. Also, certification by the American Red Cross in cardiopulmonary resuscitation (CPR) is usually required.

Disaster Planning

At any time, a disaster may occur at a mental health facility or in the community where the facility is located. A disaster might be a fire, tornado, hurricane, flood, or other emergency. You will need to be able to do the following:

1. Handle yourself emotionally.
2. Handle the emotional needs of those around you.
3. Be ready to use first aid or CPR if necessary.
4. Know the plans for evacuating clients.
5. Know the transportation plans.

Disaster plans are usually given to each employee. Drills are held often to practice emergency procedures. Please take drills very seriously. Your own life and the lives of your clients may depend on it.

Other Duties

Many other duties may be required of a mental health worker, including assistance with personal care and health needs. Following is a job description for an MHMR aide, as used by the Texas Department of Mental Health and Mental Retardation system.

MHMR Aide

General Description

Performs beginning entry-level work providing treatment, care, and training to mentally ill and/or mentally retarded persons. Work includes providing emergency, health, and personal care services to clients; observing and reporting client conditions and behaviors; and interacting with clients therapeutically and participating in standard, approved training programs. Duties are performed under close supervision in strict accordance with established policies and procedures.

Examples of Work Performed

- attends to health and personal care needs of clients, such as taking vital signs, collecting specimens, bathing, feeding, oral hygiene, and so on
- trains and/or assists clients in dressing, personal hygiene, or other personal care and self-help skills
- observes clients for signs and symptoms of disease, injury, reactions to medications, or other conditions that warrant medical attention
- reports significant changes in clients' physical condition or behavior
- talks with clients to discover and help alleviate illness, injury, discomfort, or behavior problems
- administers first aid to clients in case of injury, seizure, illness, or other event
- evacuates clients to designated location or shelter in event of fire, disaster, other emergency situation, or drill
- performs related duties as assigned

General Qualification Requirements

Education

High school graduation or GED plus eighth grade reading comprehension level as assessed by the Basic Occupational Literacy Test (BOLT).

Experience and Training

Successful completion of probationary period is contingent upon demonstration of the competencies required by agency-approved, standardized, preservice training for MHMR aide and services assistant during the probationary period.

Knowledge, Skills, and Abilities

- ability to communicate effectively, both orally and in writing
- ability to work cooperatively with staff members and establish positive relationships with clients
- ability to learn basic client care techniques and acquire knowledge of treatment, therapy, and developmental programs
- ability to complete prescribed training program to gain work-related competencies in the techniques and methods of treatment, therapy, or development of mentally ill and/or mentally retarded clients and to apply training principles to specific, real-life situations

Physical Characteristics and Temperament

- physical condition sufficient to perform required tasks
- temperament suited to work; emotional stability, mature judgment, and personal integrity

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Mental Health Worker

Instructor's Guide

By

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COMPLIANCE STATEMENT

TITLE VI, CIVIL RIGHTS ACT OF 1964; THE MODIFIED COURT ORDER, CIVIL ACTION 5281, FEDERAL DISTRICT COURT, EASTERN DISTRICT OF TEXAS, TYLER DIVISION

Reviews of local education agencies pertaining to compliance with Title VI Civil Rights Act of 1964 and with specific requirements of the Modified Court Order, Civil Action No. 5281, Federal District Court, Eastern District of Texas, Tyler Division are conducted periodically by staff representatives of the Texas Education Agency. These reviews cover at least the following policies and practices:

(1) acceptance policies on student transfers from other school districts;

(2) operation of school bus routes or runs on a non-segregated basis;

(3) nondiscrimination in extracurricular activities and the use of school facilities;

(4) nondiscriminatory practices in the hiring, assigning, promoting, paying, demoting, reassigning, or dismissing of faculty and staff members who work with children;

(5) enrollment and assignment of students without discrimination on the basis of race, color, or national origin;

(6) nondiscriminatory practices relating to the use of a student's first language; and

(7) evidence of published procedures for hearing complaints and grievances.

In addition to conducting reviews, the Texas Education Agency staff representatives check complaints of discrimination made by a citizen or citizens residing in a school district where it is alleged discriminatory practices have occurred or are occurring.

Where a violation of Title VI of the Civil Rights Act is found, the findings are reported to the Office for Civil Rights, Department of Health, Education and Welfare.

If there is a direct violation of the Court Order in Civil Action No. 5281 that cannot be cleared through negotiation, the sanctions required by the Court Order are applied.

TITLE VII, CIVIL RIGHTS ACT OF 1964: EXECUTIVE ORDERS 11246 and 11375; TITLE IX 1973 EDUCATION AMENDMENTS; REHABILITATION ACT OF 1973 AS AMENDED; 1974 AMENDMENTS TO THE WAGE-HOUR LAW EXPANDING THE AGE DISCRIMINATION IN EMPLOYMENT ACT OF 1967; VIETNAM ERA VETERANS READJUSTMENT ASSISTANCE ACT OF 1972 AS AMENDED IN 1974.

It is the policy of the Texas Education Agency to comply fully with the nondiscrimination provisions of all federal and state laws and regulation by assuring that no person shall be excluded from consideration for recruitment, selection, appointment, training, promotion, retention, or any other personnel action, or be denied any benefits or participation in any programs of activities which it operates on the grounds of race, religion, color, national origin, sex, handicap, age, or veteran status (except where age, sex, or handicap constitute a bona fide occupational qualification necessary to proper and efficient administration). The Texas Education Agency makes positive efforts to employ and advance in employment all protected groups.

Foreword

Current and relevant information is needed to assist the mental health worker with individual classroom study relating directly to mental health care. This is one of a new series of self-contained materials for students in training in the allied health field. It includes competencies that are associated with the performance of skills by students beginning the study of mental health care. Although the material is individualized, it should be used under the supervision of an instructor. For that reason, two basic publications are offered—a student's manual and an instructor's guide.

The student's manual includes the competencies, objectives, and information. The instructor's guide provides the competencies, learning activities, unit tests and answers, and a progress chart. Although the manual and the guide are copyrighted, the instructor should feel free to reproduce copies of the learning activities and tests. These same sheets may be ordered for individual students from the Extension Instruction and Materials Center, The University of Texas at Austin, P.O. Box 7218, Austin, Texas 78713.

Every effort has been made to produce a publication that addresses the unique needs of our current student population. Students with limited English proficiency (LEP) as well as handicapped, educationally disadvantaged, and nontraditional students may require modification of the material in this publication. The professional staff of EIMC will gladly work with any instructor having these students to show how the instructional material can be adapted for specific individualized instruction. Consult local, state, and federal agencies that offer assistance and guidance and that can provide sound recommendations for productive classroom management.

Kathryn R. Allen, Ph.D.
Acting Director, Extension Instruction
and Materials Center

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K. E.

Answers
to
Learning Activities

UNIT I / MENTAL HEALTH

Learning Activity I: Questions to Answer

1. feeling comfortable about oneself, feeling good about others, being able to meet the demands of life.

2. (Any five of the following:)

   - are not bowled over by their own emotions
   - can take life's disappointments in stride
   - have a tolerant, easygoing attitude towards themselves and others
   - can laugh at themselves
   - neither underestimate nor overestimate their abilities
   - can accept their own shortcomings
   - have self-respect
   - feel able to deal with most situations that come their way
   - get satisfaction from simple, everyday pleasures

3. (Any five of the following:)

   - are able to give love and to consider the interests of others
   - have personal relationships that are satisfying and lasting
   - expect to like and trust others, and take it for granted that others will like and trust them
   - do not push people around, nor do they allow themselves to be pushed around
   - can feel they are part of a group
   - feel a sense of responsibility to their neighbors and fellow human beings

4. (Any five of the following:)

   - do something about their problems as they arise
   - accept their responsibilities
   - shape their environment whenever possible, and adjust to it whenever necessary
   - plan ahead, but do not fear the future
   - welcome new experiences and new ideas
   - set realistic goals for themselves
   - are able to think for themselves and make their own decisions
   - put their best efforts into what they do, and get satisfaction out of doing it

5. the feelings one has about oneself

6. Good self-esteem is necessary in being able to relate well to others and to meet the demands of life.

7. love, anger, fear

8. Learning to deal with one's feelings is a lifelong task.

9. false

10. (Any ten of the following:)

- Talk it out.
- Escape for awhile.
- Work off your anger.
- Give in occasionally.
- Do something for others.
- Schedule your recreation.
- Take one thing at a time.
- Shun the "superman" urge.
- Go easy with your criticism.
- Give the other person a break.
- Make yourself "available."

Learning Activity 2: Liking Yourself

Any 10 traits or characteristics that the student likes about himself or herself are acceptable.

Learning Activity 3: Positive Reinforcement

Any five traits or characteristics that the student likes about two other students are acceptable.

Learning Activity 4: Feelings Exercise

Any feelings or emotions that the student chooses are acceptable. In the discussion, it should be emphasized that all feelings are okay to have.

Learning Activity 5: Handling Tensions

Students may list any three stressors in their own lives. In coping with stress, students should list methods that are not harmful to themselves or others.

UNIT 2 / MENTAL ILLNESS

Learning Activity 1: Questions to Answer

1. (1) undue, prolonged anxiety
   (2) prolonged or severe depression
   (3) abrupt changes in mood and behavior
   (4) tension-caused physical symptoms

2. (1) psychosis
   (2) neurosis
   (3) personality disorder

3. a condition that creates disturbances in thoughts, feelings, and behavior of the person affected

4. a deficiency in intelligence caused by insufficient mental development before or during birth or during early childhood

5. Mental Health and Mental Retardation

6. 15 percent

7. (1) environmental
   (2) hereditary
   (3) physical
   (4) psychological
   (5) biochemical

8. (Any three of the following:)

   (1) "The mentally ill could 'snap out of it'."
   (2) "All mentally ill persons are violent."
   (3) "Mentally ill people should be locked up."
   (4) "I don't want to be associated with that crazy person."

Learning Activity 2: Matching Terms and Definitions

1. d
2. j
3. a
4. h
5. b
6. l
7. i
8. k
9. c
10. f
11. e
12. g

Learning Activity 3: Scrambled Terms

1. anxiety
2. hallucination
3. depression
4. phobia
5. personality
6. neurosis
7. delusion
8. psychopath
9. compulsion
10. psychosis

Learning Activity 4: Request for Information

Let each student share information received about mental illness.

Learning Activity I: Questions to Answer

1. psychiatrist
2. 12
3. medical doctor
4. American Psychiatric Association
5. Psychology
6. Clinical
7. Counseling
8. doctoral, internship
9. American Psychological Association
10. state boards of education
11. social worker
12. bachelor's degree (B.S.W.)
    master's degree (M.S.W.)
    doctoral degree (D.S.W. or Ph.D)
13. M.S.W.
14. (1) provides emotional support to the client
    (2) provides information to the therapist
15. registered nurse
16. psychiatric aides
17. false
18. two years of college; practical experience in treatment setting
19. rehabilitation therapist
20. occupational therapist
21. (1) art therapist
    (2) music therapist
    (3) dance therapist
22. master's degree
23. recreation

Learning Activity 2: Education and Licensing

1. **psychiatrist:** licensed physician, three-year psychiatric internship; oral and written exam
2. **clinical psychologist:** doctoral degree, one- or two-year internship; exam
3. **social worker:** master's or doctoral degree in social work (includes field experience); exam
4. **clinical psychiatric nurse:** registered nurse with postgraduate work in psychiatric nursing; exam
5. **psychiatric aide:** high school diploma and on-the-job training
6. **mental health technician:** two years of college and practical experience in treatment setting
7. **occupational therapist:** bachelor's or master's degree, six to nine months supervised work; exam
8. **art therapist:** master's degree and clinical experience
9. **music therapist:** bachelor's or master's degree and six months clinical experience
10. **dance therapist:** master's degree and supervised internship in clinical setting
11. **recreation therapist:** bachelor's degree

Learning Activity 3: Interview or Invite

The student will either interview a mental health professional and report to the class or invite a mental health professional to speak to the class.

Learning Activity 4: Write to Professional Organizations

The student will share information he or she has received from professional organizations. This can be in the form of oral reports or bulletin board displays.

UNIT 4 / DIAGNOSIS OF MENTAL DISORDERS

Learning Activity 1: Questions to Answer

1. Diagnostic and Statistical Manual of Mental Disorders, or DSM-III
2. (1) **Axis I:** Clinical Syndromes, Conditions Not Attributable to a Mental Disorder That Are a Focus of Attention or Treatment, and Additional Codes
   (2) **Axis II:** Personality Disorders and Specific Developmental Disorders
   (3) **Axis III:** Physical Disorders and Conditions
   (4) **Axis IV:** Severity of Psychosocial Stressors
   (5) **Axis V:** Highest Level of Adaptive Functioning, Past Year

3. ages 15 to 24

4. one of the ten leading causes of death

5. (1) wish to die
    (2) previous attempt
    (3) changes in behavior
    (4) making final arrangements
    (5) plan of action

6. (1) delusions
    (2) hallucinations
    (3) distorted thinking
    (4) isolation or withdrawal
    (5) flat or inappropriate emotions

7. (1) schizophrenia—1%
    (2) depression—20%

8. (1) delusions of persecution
    (2) suspiciousness
    (3) extreme jealousy

9. (Answer should include five of the following:)

    (1) feelings of hopelessness, guilt, or worthlessness
    (2) difficulties with concentration
    (3) loss of interest in activities that were once pleasurable
    (4) irritability
    (5) change in appetite
    (6) unusual tiredness
    (7) withdrawal or isolation
    (8) disturbances in sleeping patterns
    (9) unexplained aches and pains
    (10) recurring thoughts of suicide or death

10. Answer should include that diagnosis is very difficult even for professionals, and that it is important not to label people but to treat each person as an individual.

11. (1) headaches
    (2) obesity
    (3) ulcers

12. Answers will vary, but should include three situations, such as marital problems, grief, school problems, arguments with friends, and so on.

13. (1) social relations
    (2) occupational functioning
    (3) use of leisure time

14. (Answer should include three of the following:)

    (1) being overly optimistic
    (2) excess energy

    (3) increased social interaction
    (4) decreased need for sleep
    (5) exaggerated view of self
    (6) unusual flurries of activity and pleasure seeking

15. (Answers will vary, but should include the following points:)

    (1) Do not attempt to diagnose behavior of others on your own.
    (2) Do not label others.
    (3) Treat all persons with consideration and respect.

Learning Activity 2: Fill in the Blanks

1. schizophrenia
2. anxiety
3. depression
4. dissociative
5. paranoia
6. bipolar

Learning Activity 3: Book Report

The student will read and write a report on one of the books listed in Learning Activity 3. Students may discuss the books in class.

Learning Activity 4: Invite a Guest Speaker

The student will invite a guest speaker to talk about suicide.

UNIT 5 / TREATMENT OF MENTAL ILLNESS

Learning Activity 1: Questions to Answer

1. Dorothea Dix or Clifford Beers

2. Community Mental Health and Mental Retardation Centers Act

3. (Answer should include two of the following:)

    (1) evolution of community mental health centers
    (2) development of psychotropic medications
    (3) multiple legal decisions regarding a client's right to treatment in the least restrictive setting

4. (1) psychotherapy
    (2) medical treatment
    (3) milieu therapy

5. (Answer should include two of the following:)

    (1) psychoanalysis
    (2) behavior therapy

    (3) humanistic therapy
    (4) transcendental meditation
    (5) group therapy
    (6) family therapy
    (7) play therapy

6. Sigmund Freud

7. food, praise, attention, or privileges

8. as soon after the behavior occurs as possible

9. negative

10. I. P. Pavlov and B. F. Skinner

11. One person's problems are an integral part of a larger family system and need to be treated within that context.

12. (1) antipsychotics or major tranquilizers
    (2) sedatives and minor tranquilizers
    (3) antidepressants
    (4) lithium salts

13. Thorazine

14. (1) physician
    (2) registered nurse
    (3) licensed vocational nurse

15. Observe the clients closely for effects of the drugs. Any changes should be reported to medical personnel immediately.

16. electroconvulsive or shock treatment

17. psychosurgery

18. milieu therapy

19. (Answer should include three of the following:)

    (1) outpatient care
    (2) inpatient services
    (3) partial hospitalization
    (4) emergency service
    (5) education and consulation

20. (Answer should include five of the following:)

    (1) community mental health centers
    (2) hospitals
    (3) mental health clinics
    (4) crisis or hotline centers
    (5) self-help groups

(6) schools and businesses
(7) private practice professionals
(8) Mental Health Association

Learning Activity 2: Psychotropic Drugs

1. D
2. B
3. A
4. A
5. B
6. B
7. D
8. C
9. B
10. A

Learning Activity 3: Guest Speaker

The student will invite a psychiatrist, psychiatric nurse, or pharmacist to speak to the class about the use of psychotropic drugs in the treatment of mental illness.

UNIT 6 / BASIC HELPING SKILLS

Learning Activity 1: Questions to Answer

1. to be of help to others

2. (1) empathy
   (2) warmth
   (3) genuineness

3. Effective communication takes place when the message sent is the same as the one received.

4. listening

5. (1) eye contact
   (2) body language
   (3) touch
   (4) listening for content

6. (1) parroting—repeating exactly what the person says
   (2) paraphrasing—restating the person's meaning in other words

7. assuming you know what another person is feeling or thinking

8. Feedback is the process by which we share with others our impressions, feelings, and actions in relation to them so they can become aware of their impact on us.

9. (Five of the following eight:)

   (1) honest
   (2) realistic
   (3) timely
   (4) nonjudgmental
   (5) first person
   (6) here and now
   (7) nonanalytical
   (8) responsible

10. (1) Needs
    (2) Obstacles
    (3) Strategies
    (4) Implementation
    (5) Evaluation

UNIT 7 / LEGAL ISSUES

Learning Activity 1: Questions to Answer

1. Mental Health Code

2. (1) voluntary admission
   (2) involuntary commitment

3. (1) the person is mentally ill, and
   (2) is likely to cause serious harm to himself or others, or
   (3) if not treated, the person will continue to suffer severe abnormal mental, emotional, or physical distress and will continue to experience deterioration of his ability to function independently, and is unable to make a rational and informed choice as to whether or not to submit to treatment.

4. the premise that the government has a right to intervene in the life of any individual that the state believes is not capable of protecting his or her own interests

5. Simply being emotionally ill is not a justifiable reason for confining a person. The case confirmed the mentally ill person's right to freedom.

6. (1) a humane psychological and physical environment
   (2) qualified staff members in numbers sufficient to administer adequate treatment
   (3) individual treatment plans

7. The majority of mentally ill persons were once treated in locked hospitals or jails. Today, the goal is for the mentally ill to lead lives that are as independent as possible. Therefore, if there is a community facility that would meet the client's needs as well as a hospital, the client should be treated in the community facility because it allows the client more freedom.

8. (Answer should include 10 of the following:)

The right:

(1) to humane treatment environment
(2) to confidentiality of records
(3) to access to one's own mental health care records
(4) to converse with others privately and have access to the telephone and mail
(5) to be informed promptly of his or her rights
(6) to assert grievances regarding infringement of rights and to have such grievances considered in a fair, timely, and impartial procedure
(7) to exercise these rights without reprisal
(8) to referral to other providers of mental health services upon discharge
(9) to treatment without suppression of personal liberty except to comply with treatment needs and the law
(10) to individualized treatment plans
(11) to participate in the planning of services
(12) to refuse treatment, except in an emergency situation or as permitted by law, when a person is committed by a court for treatment
(13) not to participate in experimentation
(14) to freedom from restraint or seclusion, except in an emergency situation

Learning Activity 2: Interview or Invite

The student will either interview a judge and report to the class, or invite a judge to speak to the class.

Learning Activity 3: Write for Information

The student will share information he or she has received from state legislators.

UNIT 8 / MENTAL HEALTH WORKER RESPONSIBILITIES

Learning Activity 1: Questions to Answer

1. (Any three of the following:)

(1) psychiatrists
(2) psychologists
(3) social workers
(4) psychiatric nurses
(5) rehabilitation and recreational specialists
(6) dieticians
(7) any other of the professionals discussed in Unit 3

2. Joint Commission on Accreditation of Hospitals

3. (1) behavior
(2) temperature
(3) respiration
(4) skin
(5) digestion and elimination

4. (Any five of the following:)

   (1) color
   (2) rashes
   (3) swelling
   (4) wounds
   (5) temperature
   (6) dryness
   (7) sweating
   (8) growths
   (9) dehydration

5. (1) Use the correct report form.
   (2) Write clearly so that others can read it.
   (3) Date the report.
   (4) Sign your name and title.
   (5) Do not use symbols and abbreviations, unless they are approved.
   (6) Write in detail, and make your meaning clear.
   (7) Do not erase or mark out errors or mistakes. Draw one line through the error, write "error" in parentheses above it, and initial it.

6. the ways in which the body and its parts work while you are standing, moving, and doing your work

7. (1) Get help if you have any doubt about being able to move an object or person by yourself.
   (2) Wear safety shoes with reinforced toes.
   (3) Stand close to the weight to be lifted, and keep the weight close to your body.
   (4) Face the direction of the movement.
   (5) Stand with feet widely separated.
   (6) Keep your back straight, and bend from the hips.
   (7) Bend your knees when lifting so that you lift with your legs instead of your back.
   (8) Squat, don't bend, when lifting anyone or anything from the floor.
   (9) Get a good grip to make carrying easier and to protect your fingers.
   (10) Shift your weight to the forward foot when turning.
   (11) Turn your whole body, including your feet, to change directions.

8. American Red Cross

9. (1) Handle yourself emotionally.
   (2) Handle the emotional needs of those around you.
   (3) Be ready to use first aid or CPR, if necessary.
   (4) Know the plans for evacuating clients.
   (5) Know the transportation plans.

10. Your life and the lives of the clients may depend on your ability to remember the disaster plan and follow it.

Answers to Tests

UNIT 1 / MENTAL HEALTH

1. (1) feeling comfortable about oneself
   (2) feeling good about others
   (3) being able to meet the demands of life

2. feeling comfortable about oneself

3. love, anger, and fear

4. (Any five of the following 11 coping mechanisms:)

   (1) Talk it out.
   (2) Escape for awhile.
   (3) Give in occasionally.
   (4) Do something for others.
   (5) Take one thing at a time.
   (6) Shun the "superman" urge.
   (7) Go easy with your criticism.
   (8) Give the other person a break.
   (9) Make yourself "available."
   (10) Schedule your recreation.
   (11) Work off your anger.

UNIT 2 / MENTAL ILLNESS

1. f

2. c

3. e

4. h

5. j

6. b

7. g

8. d

9. a

10. i

11. (Any three:)

    (1) undue, prolonged anxiety
    (2) prolonged or severe depression
    (3) abrupt changes in mood and behavior

(4) tension-caused physical symptoms

12. psychoses, neuroses, and personality disorders

13. The discussion should include the following points:

mental retardation	**mental illness**
(1) a deficiency in intelligence	(1) an emotional disorder
(2) onset occurs before or during birth, or in early childhood	(2) onset may occur at any age
(3) a lifelong, irreversible process	(3) usually a temporary condition that, with proper treatment, can be reversed

14. (1) environmental
    (2) hereditary
    (3) physical
    (4) psychological
    (5) biochemical

15. (Any two:)

    (1) "The mentally ill are just weak and could 'snap out of it' if they really wanted to."
    (2) "All mentally ill persons are violent."
    (3) "Mentally ill people should be locked up."
    (4) "I don't want to be associated with that crazy person."

UNIT 3 / MENTAL HEALTH PROFESSIONALS

1. e

2. g

3. j

4. a

5. d

6. i

7. c

8. f

9. h

10. b

11. psychiatrist

12. psychiatric nurse

13. master's

14. psychologist

15. bachelor's or master's
six to nine

16. Answers will vary. Check for correct factual information.

UNIT 4 / DIAGNOSIS OF MENTAL DISORDERS

1. b

2. a

3. b

4. a

5. b

6. c

7. d

8. b

9. d

10. d

11. b

12. b

13. d

14. b

15. (Three of the following five clues:)

    (1) wish to die
    (2) previous attempt
    (3) changes in behavior
    (4) making final arrangements
    (5) plan of action

16. (Three of the following five symptoms:)

    (1) delusions

(2) hallucinations
(3) distorted thinking
(4) isolation or withdrawal
(5) flat or inappropriate emotions

17. (Two of the following three disorders:)

    (1) depression
    (2) manic episode
    (3) bipolar disorder

18. (Five of the following 10 symptoms:)

    (1) feelings of hopelessness, guilt, or worthlessness
    (2) difficulties with concentration
    (3) loss of interest in activities
    (4) irritability
    (5) change in appetite
    (6) unusual tiredness
    (7) withdrawal or isolation
    (8) disturbances in sleeping patterns
    (9) unexplained aches and pains
    (10) recurring thoughts of suicide or death

19. (Two of the following three conditions:)

    (1) headaches
    (2) obesity
    (3) ulcers

20. (1) social relations
    (2) occupational functioning
    (3) use of leisure time

UNIT 5 / TREATMENT OF MENTAL ILLNESS

1. sedatives

2. lithium

3. antidepressants

4. Thorazine

5. Cogentin, Artane, or Benadryl

6. b

7. c

8. c

9. d

10. b

11. d

12. a

13. c

14. b

15. c

16. Answers will vary, but should state that deinstitutionalization is the dismissal of mentally ill patients from mental hospitals.

17. Observe the client closely for effects of the drugs, and report any changes to medical personnel immediately.

18. (Answer should include five of the following:)

    (1) community mental health centers
    (2) hospitals
    (3) mental health clinics
    (4) crisis or hotline centers
    (5) self-help groups
    (6) schools and businesses
    (7) private practice professionals
    (8) Mental Health Association

UNIT 6 / BASIC HELPING SKILLS

1. f

2. e

3. g

4. j

5. d

6. a

7. i

8. h

9. c

10. b

11. strategies

12. implementation

13. evaluation

14. obstacles

15. needs

UNIT 7 / LEGAL ISSUES

1. a

2. c

3. a

4. b

5. a

6. b

7. c

8. c

9. b

10. b

11. (Answer should include the following:)

    (1) the person is mentally ill; and
    (2) is likely to cause serious harm to himself or others; or
    (3) if not treated, the person will continue to suffer severe abnormal mental, emotional, or physical distress and will continue to experience deterioration of his or her ability to function independently, and is unable to make a rational and informed choice as to whether or not to submit to treatment.

12. (Answer should include five of the following:)

    The right:

    (1) to a humane treatment environment
    (2) to confidentiality of records
    (3) to access to one's own mental health care records
    (4) to converse with others privately and to have access to the telephone and mail
    (5) to be informed promptly of his or her rights
    (6) to assert grievances regarding infringement of rights and to have such grievances considered in a fair, timely, and impartial procedure

(7) to exercise these rights without reprisal
(8) to referral to other providers of mental health services upon discharge
(9) to treatment without suppression of personal liberty except to comply with treatment needs and the law
(10) to individualized treatment plans
(11) to participate in the planning of services
(12) to refuse treatment, except in an emergency situation, or, as permitted by law, when a person is committed by a court for treatment
(13) not to participate in experimentation
(14) to freedom from restraint, except in an emergency situation

UNIT 8 / MENTAL HEALTH WORKER RESPONSIBILITIES

1. d
2. d
3. b
4. c
5. d
6. a
7. a
8. d
9. c
10. b
11. d
12. b
13. a
14. d
15. b

Learning Activities, Tests, Progress Chart, and Sample Work Sheet

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for

Mental Health Worker

Learning Activity I **UNIT I**

Questions to Answer **Mental Health**

Directions: Write the answers to the following questions:

1. The three components of mental health are ______________________________,

   ______________________________,

   and ______________________________.

2. Five characteristics which indicate that a person feels good about himself or herself are—

   (1) ______________________________

   (2) ______________________________

   (3) ______________________________

   (4) ______________________________

   (5) ______________________________

3. Five characteristics which indicate that a person feels good about others are—

   (1) ______________________________

   (2) ______________________________

   (3) ______________________________

   (4) ______________________________

   (5) ______________________________

4. Five characteristics which indicate that a person is able to meet the demands of life are—

(1) ____________________

(2) ____________________

(3) ____________________

(4) ____________________

(5) ____________________

5. What is **self-esteem**?

6. Why is good self-esteem important?

7. Each person is born with the ability to feel the basic emotions of ____________, ____________, and ____________.

8. By what age should an individual have learned to deal with his or her emotions (feelings)?

9. True or false? A mentally healthy person is never aware of stress or tension in his or her life.

10. Name 10 ways to deal with tensions.

(1) ____________________

(2) ____________________

(3) ____________________

(4) ______________________________

(5) ______________________________

(6) ______________________________

(7) ______________________________

(8) ______________________________

(9) ______________________________

(10) ______________________________

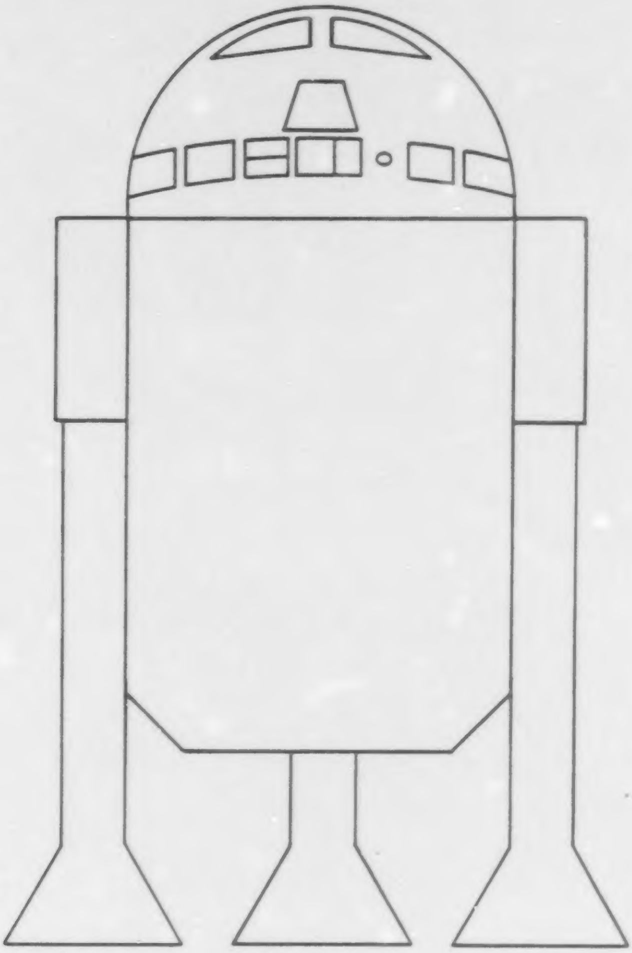
Directions: Write down 10 things that you like about yourself.

Directions: Choose two other students from your class. Write down five things that you like about each of them. Share what you have written with those students.

Learning Activity 4 **UNIT I**

Feelings Robot **Mental Health**

Directions: On the picture of the robot, write feelings that you think would contribute the most to making the robot "human." Discuss what you have written with your classmates. Why did you choose those particular feelings? Are all feelings okay to have?



Directions: List three things in your own life that cause tension. List how you currently handle each stressor and how you would like to handle it.

Directions: Write the answers to the following questions.

1. List the four warning signals of mental illness.

(1) ______________________________

(2) ______________________________

(3) ______________________________

(4) ______________________________

2. List the three major categories of mental illness.

(1) ______________________________

(2) ______________________________

(3) ______________________________

3. Define mental illness.

4. Define mental retardation.

5. What do the letters "MHMR" stand for?

6. The estimated percentage of the population affected by mental illness is ______%.

7. Name the five probable causes of mental illness.

(1) ____

(2) ____

(3) ____

(4) ____

(5) ____

8. List three common misconceptions about mental illness that create stigma.

(1) ____

(2) ____

(3) ____

Learning Activity 2 **UNIT 2**

Matching Terms and Definitions **Mental Illness**

Directions: Match the following terms with the phrases, using letter answers.

_____ 1. tension or worry

_____ 2. antisocial behavior without guilt

_____ 3. most serious form of mental illness

_____ 4. an impulse to do something over and over

_____ 5. pattern of antisocial behavior

_____ 6. deficiency in intelligence

_____ 7. feeling down or sad

_____ 8. fear of closed spaces

_____ 9. mild form of mental illness

_____ 10. hearing strange voices

_____ 11. fear out of proportion to the situation

_____ 12. belief that something is reality when it is not

a. psychosis

b. personality disorder

c. neurosis

d. anxiety

e. phobia

f. hallucination

g. delusion

h. compulsion

i. depression

j. psychopath

k. claustrophobia

l. mental retardation

Learning Activity 3 **UNIT 2**

Scrambled Terms **Mental Illness**

Directions: Unscramble the following letters to form words. These words are from "Matching Terms and Definitions," Learning Activity 2.

1. XYTAEⒾN ____________________ 1
2. NOITANICULLAⒽ ____________________ 2
3. EⓈESIDONPR ____________________ 3
4. OHⓅAIB ____________________ 4
5. IEOPRYLⓈNTA ____________________ 5
6. ⓈSRIUEON ____________________ 6
7. ⓄLDENUSI ____________________ 7
8. ⓎHHAOSTPPC ____________________ 8
9. UMONISⒸPLO ____________________ 9

10. Make a related word from the circled letters.

____________________ 10

Learning Activity 4 **UNIT 2**

Request for Information **Mental Illness**

Directions: Write to the National Institute of Mental Health to request further information about mental illness. NIMH is the federal agency responsible for research concerning mental illness.

National Institute of Mental Health
5600 Fishers Lane
Rockville, Maryland 20857

Directions: Write the answers to the following questions.

1. Which mental health professional can legally prescribe medication or other medical therapies for a client?

2. How many years of academic and resident training are needed to become a psychiatrist?

3. To become a psychiatrist, an individual must first become a ________________ ________________________________ .

4. What professional organization sets the standards for accreditation of psychiatric training programs?

5. ________________________________ is a body of knowledge about human and animal behavior, methods of research to obtain that knowledge, and the application of that knowledge to benefit humankind.

6. ____ psychologists provide therapy to clients who have emotional or adjustment problems that range from normal adjustment crises to extreme psychotic conditions.

7. ________________________________ psychologists help normal or slightly maladjusted persons to deal with their environment.

8. Most states require a ______________________ degree and one or two years of ______________________ to be a licensed psychologist.

9. What professional organization evaluates doctoral-level programs of psychology for accreditation?

10. School counselors are certified by their ____________________________________ ____.

11. Which mental health professional acts as a liaison between the community and the family or individual in need of help?

12. Name the three levels of education for social workers.

(1) ____

(2) ____

(3) ____

13. Which social work degree is required for clinical practice?

14. Name two ways a psychiatric nurse is important in the treatment of a mentally ill client.

(1) ____

(2) ____

15. A psychiatric nurse must first be a _______________________________________.

16. Which mental health workers spend the most time with patients in a mental hospital?

17. True or false? Psychiatric aides are qualified to carry out the treatment of clients with no supervision.

18. The training required to become a mental health technician includes:

(1) ______________________________

(2) ______________________________

19. Which therapist helps the client adjust to society after his or her release from a mental hospital?

20. Which therapist helps the client learn practical skills so that he or she may be more independent and self-sufficient?

21. Name three kinds of therapists who help the individual with his or her feelings in specialized ways.

(1) ______________________________

(2) ______________________________

(3) ______________________________

22. Most art, music, or dance therapy positions require a ____________________ degree.

23. ______________________ therapists help the client build self-esteem and establish social relationships through recreational activities.

Directions: Give the educational and licensing requirements for each mental health professional in the following list:

1. **psychiatrist—**
2. **clinical psychologist—**
3. **social worker** (in clinical practice)—
4. **clinical psychiatric nurse—**
5. **psychiatric aide—**
6. **mental health technician—**
7. **occupational therapist—**
8. **art therapist—**
9. **music therapist—**
10. **dance therapist—**
11. **recreation therapist—**

Directions: Interview a mental health professional in your community about his or her career—its duties, its rewards, its frustrations, and so forth. Report the interview to your class.

OR

Invite a mental health professional in your community to speak to your class about his or her profession.

Directions: Choose two mental health professions that interest you. Write to their professional organizations for more information about career opportunities in that field. Share the information with your classmates. (See the last page of Unit 3 for addresses.)

Directions: Write the answers to the following questions.

1. Name the publication of the American Psychiatric Association that lists the diagnostic categories of mental illness.

2. List the five axes used for diagnosis of mental illness by mental health clinicians.
   1. **Axis I:** ____________________
   2. **Axis II:** ____________________
   3. **Axis III:** ____________________
   4. **Axis IV:** ____________________
   5. **Axis V:** ____________________

3. Name the ages in which the suicide rate has more than tripled since 1950.

   ____

4. How does suicide rank as a cause of death in the United States? ____________________

   ____

5. Describe five clues of potential suicidal behavior.

   (1) ____________________

   (2) ____________________

   (3) ____________________

   (4) ____________________

   (5) ____________________

6. List five symptoms of schizophrenia.

(1) ______________________________

(2) ______________________________

(3) ______________________________

(4) ______________________________

(5) ______________________________

7. List the percentage of the United States population that is estimated to be affected by schizophrenia and depression.

(1) schizophrenia— ______________________

(2) depression— ______________________

8. Describe a bipolar disorder.

9. List five symptoms of depression.

(1) ______________________________

(2) ______________________________

(3) ______________________________

(4) ______________________________

(5) ______________________________

10. Why is it important that only qualified professionals diagnose mental disorders?

11. List three physical problems that may be caused by psychological factors.

(1) ____

(2) ____

(3) ____

12. List three situational problems that may create stress for a person.

(1) ____

(2) ____

(3) ____

13. List the three areas assessed to determine a person's highest level of functioning in Axis V.

(1) ____

(2) ____

(3) ____

14. List three symptoms of manic episode.

(1) ____

(2) ____

(3) ____

15. Discuss the mental health worker's responsibility in regard to mental illness.

Learning Activity 2 **UNIT 4**

Fill in the Blanks **Diagnosis of Mental Disorders**

Directions: Fill in the blanks at the end of each of the following statements with the word that best completes the meaning. Use the following words:

anxiety
bipolar
depression
dissociative
paranoia
schizophrenia

1. Delusions and hallucinations are symptoms of __________________.

__________________ 1.

2. Phobias are an example of __________________ disorders.

__________________ 2.

3. ______________ is the most common emotional disturbance.

__________________ 3.

4. Multiple personality is a __________________ disorder.

__________________ 4.

5. ______________ is characterized by feelings of persecution.

__________________ 5.

6. ______________ disorder is the diagnosis when both manic and depressive symptoms occur in cycles.

__________________ 6.

Directions: Read one of the following books about a person who has experienced mental illness. Write a report on the book. Be prepared to discuss the book in class.

Clifford Beers, A Mind That Found Itself

Percy Knauth, A Season in Hell

Joshua Logan, Josh: My Up and Down, In and Out Life

Sylvia Plath, The Bell Jar

Susan Sheehan, Is There No Place on Earth for Me?

Mark Vonnegut, The Eden Express

Learning Activity 4 **UNIT 4**

Invite a Guest Speaker **Diagnosis of Mental Disorders**

Directions: If your community has a Suicide Prevention Center or Crisis Hotline, invite a worker from that program to speak to your class about suicide.

Directions: Write the answers to the following questions.

1. One of the early advocates of improved care for the mentally ill in the United States was ______________________________ .

2. Name the law that created the community approach to treating mental disorders in 1963.

3. Describe two factors that have influenced deinstitutionalization of mentally ill persons.

(1) ______________________________

(2) ______________________________

4. List three major forms of treatment for mental illness.

(1) ______________________________

(2) ______________________________

(3) ______________________________

5. List two types of psychotherapy.

(1) ______________________________

(2) ______________________________

6. Psychoanalysis was the primary technique of the famous psychiatrist, ____________ ______________________________.

7. Give an example of a behavior reinforcer.

8. When should reinforcement be given when teaching new behavior?

9. Positive reinforcement is more effective in changing behavior than ________________________________ reinforcement.

10. Name two pioneers in behavioral research.

(1) ________________________________

(2) ________________________________

11. Explain the theory of family therapy.

12. List the four categories of psychotropic drugs.

(1) ________________________________

(2) ________________________________

(3) ________________________________

(4) ________________________________

13. Name the first major tranquilizer developed in France in 1952.

14. List the medical personnel who may administer drugs.

(1) ________________

(2) ________________

(3) ________________

15. Describe the responsibility of a mental health worker in relation to clients receiving medication.

16. A medical treatment for mental illness that is very controversial is ________________ .

17. A lobotomy is a form of medical treatment called ________________ .

18. Providing pleasant surroundings for clients is part of a treatment called ________________ .

19. List three services that must be provided by a community mental health center in order for it to receive federal funds.

(1) ________________

(2) ________________

(3) ________________

20. List five settings in which a person might receive mental health services.

(1) ________________

(2) ________________

(3) ____

(4) ____

(5) ____

Directions: Fill in the blank with the letter of the correct category of psychotropic drugs.

A. antipsychotics or major tranquilizers
B. sedatives and minor tranquilizers
C. antidepressants
D. lithium salts

_____ 1. Blood samples are taken to monitor the effects of this medication.
_____ 2. Valium and Librium are brand names of these drugs.
_____ 3. Thorazine, Mellaril, and Haldol are common drugs prescribed in this category.
_____ 4. Movement disturbances, such as tremors and tardive dyskinesia, may be side effects of these drugs.
_____ 5. Drowsiness is a common side effect of drugs in this category.
_____ 6. Anxiety disorders are often treated with these drugs.
_____ 7. This medication is used most often in the treatment of manic-depressive symptoms.
_____ 8. Brand names of drugs in this category include Tofranil, Norpramin, and Elavil.
_____ 9. These drugs may be addictive.
_____ 10. Artane and Cogentin are sometimes prescribed to offset the side effects of these drugs.

Directions: Invite a psychiatrist, psychiatric nurse, or pharmacist to be a guest speaker for your class on the topic, "The Use of Psychotropic Drugs in the Treatment of Mental Illness."

Directions: Write the answers to the following questions.

1. Name the primary reason for entering the mental health profession.

2. List three characteristics of an effective helper.

   (1) ____________________

   (2) ____________________

   (3) ____________________

3. Define **effective communication.**

4. Name the key skill used in effective communication.

5. List four behaviors that indicate good listening.

   (1) ____________________

   (2) ____________________

   (3) ____________________

   (4) ____________________

6. List the two techniques involved in reflecting meaning, and explain the difference.

   (1) ____________________

   (2) ____________________

7. Name the communication error that clarification helps to avoid.

8. Define feedback.

9. List five characteristics of effective feedback.

(1) ____

(2) ____

(3) ____

(4) ____

(5) ____

10. Identify the five steps of the helping cycle.

(1) ____

(2) ____

(3) ____

(4) ____

(5) ____

Divide up into groups of three. Ask one student to talk about a subject of interest for five minutes. This might be discussing a favorite hobby, pet, or even a television show.

One of the other students should be the listener. At the end of the five minutes, the listener should tell the student who has been talking what he or she heard.

The third student should play the role of observer. He or she should notice any helping skills the listener used in responding to the student talking. These will be shared with the other two students after the listener's feedback.

Repeat this process until all three students have had a chance to play each role.

Questions to ask yourself include:

- Which role were you most comfortable in?
- Which role did you find most difficult?
- Were you able to recognize helping skills?

Discuss these questions with the class.

Directions: Write the answers to the following questions.

1. Name the law that governs the care of the mentally ill in Texas.

2. List the two ways a person can be admitted to a mental health facility.

   (1) ____________________

   (2) ____________________

3. Describe the three conditions necessary to determine if court-ordered mental health services are warranted.

   (1) ____________________

   (2) ____________________

   (3) ____________________

4. Explain the legal principle of **parens patriae.**

5. Discuss the implications of the Donaldson vs. O'Connor court case.

6. List the three conditions for adequate and effective treatment programs in public mental institutions, as outlined by the judge in *Wyatt vs. Stickney*.

(1) ____

(2) ____

(3) ____

7. Explain the meaning of a client's right to treatment in the "least restrictive setting."

8. List 10 rights of a person receiving mental health services, as defined by the Mental Health Systems Act.

(1) ____

(2) ____

(3) ____

(4) ____

(5) ____

(6) ____

(7) ____

(8) ____

(9) ____

(10) ____

Directions: Interview a judge who has responsibility for mental health commitments in your community. Report the interview to the class.

OR

Invite the judge to speak to your class about commitment procedures.

Learning Activity 3 **UNIT 7**

Write for Information **Legal Issues**

Directions: Write to your state legislator and request a copy of the state law regarding the care of mentally ill persons in your state. Share this information with your class.

Directions: Write the answers to the following questions.

1. Name three mental health professionals who might be part of a team in a mental health facility.

   (1) ______________________________

   (2) ______________________________

   (3) ______________________________

2. Identify the organization that sets standards for the accreditation of mental health facilities.

3. List the five areas in which a client should be observed.

   (1) ______________________________

   (2) ______________________________

   (3) ______________________________

   (4) ______________________________

   (5) ______________________________

4. Identify five changes in the skin that should be reported.

   (1) ______________________________

   (2) ______________________________

   (3) ______________________________

   (4) ______________________________

   (5) ______________________________

5. List the seven guidelines for writing a report.

(1) ____
(2) ____
(3) ____
(4) ____
(5) ____
(6) ____
(7) ____

6. Define the term **body mechanics.**

7. Explain the 11 basic safety rules of body mechanics.

(1) ____
(2) ____
(3) ____
(4) ____
(5) ____
(6) ____
(7) ____
(8) ____
(9) ____
(10) ____
(11) ____

8. Name the organization that provides certification in first aid and CPR.

9. List the five responsibilities of a mental health worker in a disaster.

(1) ____

(2) ____

(3) ____

(4) ____

(5) ____

10. Explain why it is important for mental health workers to take disaster drills seriously.

TEST / UNIT I

Mental Health

Directions: Answer the following questions.

1. List the three components of mental health.

   (1) ______________________________

   (2) ______________________________

   (3) ______________________________

2. Define **self-esteem.**

3. The three basic emotions each person is born with are ____________________,

   ____________________, and ____________________.

4. List five ways to deal with tensions.

   (1) ______________________________

   (2) ______________________________

   (3) ______________________________

   (4) ______________________________

   (5) ______________________________

TEST / UNIT 2

Mental Illness

Directions: Match the following terms with the phrases, using letter answers.

_______ 1. feeling down or sad

_______ 2. an impulse to do something over and over

_______ 3. antisocial behavior without guilt

_______ 4. deficiency in intelligence

_______ 5. mild form of mental illness

_______ 6. fear out of proportion to the situation

_______ 8. belief that something is reality when it is not

_______ 9. hearing strange voices

_______ 10. most serious form of mental illness

a. hallucination

b. phobia

c. compulsion

d. delusion

e. psychopath

f. depression

g. anxiety

h. mental retardation

i. psychosis

j. neurosis

11. List three warning signals of mental illness.

(1) ____

(2) ____

(3) ____

12. The major categories of mental illness are ______________________,

______________________, and ______________________.

13. Describe the difference between mental illness and mental retardation.

14. Name the five probable causes of mental illness.

(1) ______________________________

(2) ______________________________

(3) ______________________________

(4) ______________________________

(5) ______________________________

15. List two common misconceptions about mental illness that create stigma.

(1) ______________________________

(2) ______________________________

TEST / UNIT 3

Mental Health Professionals

Directions: Match the following, using letter answers.

_______ 1. the social work degree that is required for clinical practice

_______ 2. psychologists who help normal or slightly maladjusted people deal with their environment

_______ 3. helps the client learn practical skills so that he or she may be more independent and self-sufficient

_______ 4. mental health worker who spends the most time with a patient in a mental hospital

_______ 5. helps the client express his or her feelings through movement

_______ 6. acts as a liaison between the community and the individual in need of services

_______ 7. psychologists who are qualified to provide therapy to persons with extreme psychotic conditions

_______ 8. a mental health professional who can legally prescribe medication

_______ 9. therapist who helps the client adjust to society after his or her release from the hospital

_______ 10. mental health professional who provides emotional support in different settings than the therapist

a. psychiatric aide

b. psychiatric nurse

c. clinical psychologist

d. dance therapist

e. M.S.W.

f. psychiatrist

g. counseling psychologists

h. rehabilitation therapists

i. social worker

j. occupational therapist

Directions: Write the answers to the following questions.

11. Twelve years of academic and resident training are needed to become a

______________ ______________________.

12. A ______________ ______________ must first be a registered nurse.

13. Art, music, or dance therapy positions usually require a ______________ degree.

14. The requirements for licensing of a ______________________________ are a doctoral degree and two years of internship.

15. To become an occupational therapist requires a ______________ or ______________ degree and ____ ____ ____ months of supervised work with patients.

16. **Directions:** Choose one mental health profession. Give information about the possible career opportunities, the duties, the possible work settings, and the educational requirements for the profession.

TEST / UNIT 4

Diagnosis of Mental Disorders

Directions: Read each statement carefully. Select one word or phrase that correctly answers or completes the statement, and write the appropriate letter in the blank.

_____ 1. DSM-III is an abbreviation for the third edition of—

a. Differential and Statistical Methods
b. Diagnostic and Statistical Manual
c. Designated Survey Materials
d. none of the above

_____ 2. Clinical syndromes are categorized by the DSM-III on—

a. Axis I
b. Axis II
c. Axis III
d. Axis IV

_____ 3. Since 1950, the death rate from suicide in young people ages 15 to 24 has—

a. doubled
b. tripled
c. quadrupled
d. none of the above

_____ 4. Suicidal tendencies are frequently linked to—

a. depression
b. paranoia
c. schizophrenia
d. both b and c

_____ 5. The percentage of the population affected by schizophrenia is about—

a. .01%
b. 1%
c. 10%
d. 15%

_____ 6. Paranoid disorders may be characterized by feelings of—

a. persecution
b. suspiciousness
c. both a and b
d. none of the above

_____ 7. The most common mental disorder is—

a. autism
b. anorexia nervosa
c. schizophrenia
d. none of the above

_____ 8. The percentage of the population estimated to be affected by depression is—

a. 10%
b. 20%
c. 30%
d. 40%

_____ 9. The symptom that is not characteristic of depression is—

a. sadness
b. tiredness
c. isolation
d. high energy

_____ 10. Agoraphobia is an example of a(n)—

a. adjustment disorder
b. dissociative disorder
c. somatoform disorder
d. none of the above

_____ 11. Multiple personality is an example of a(n)—

a. adjustment disorder
b. dissociative disorder
c. somatoform disorder
d. none of the above

_____ 12. Personality disorders are characterized by DSM-III on—

a. Axis I
b. Axis II
c. Axis III
d. Axis IV

_____ 13. An example of a psychosocial stressor is—

a. divorce
b. death of a loved one
c. physical illness
d. all of the above

_____ 14. One of the areas assessed in Axis V is—

a. physical condition
b. occupational functioning
c. both a and b
d. none of the above

15. List three clues that might indicate a person has suicidal tendencies.

(1) ______________________________

(2) ______________________________

(3) ______________________________

16. List three symptoms of schizophrenia.

(1) ______________________________

(2) ______________________________

(3) ______________________________

17. Name two affective disorders.

(1) ______________________________

(2) ______________________________

18. Identify five symptoms of depression.

(1) ______________________________

(2) ______________________________

(3) ______________________________

(4) ______________________________

(5) ______________________________

19. List two physical conditions that may be influenced by psychological factors.

(1) ____

(2) ____

20. List the three areas assessed to determine a person's highest level of Adaptive Functioning in Axis V.

(1) ____

(2) ____

(3) ____

TEST / UNIT 5

Treatment of Mental Illness

Directions: Complete the following statements by adding the word that best completes the meaning. Choose your answers from the words listed below.

antidepressants
antipsychotics
lithium
Thorazine
sedatives
Cogentin

1. The category of drugs that may be addictive is ______________________________.

2. __________________________ is very potent, and its effects must be monitored closely.

3. Tofranil and Elavil are brand names of ___________________________________.

4. ___________________________ was the first tranquilizer developed.

5. Physicians sometimes prescribe ______________________ to offset the side effects of other drugs.

Directions: Read each statement carefully. Select the one word or phrase that correctly answers or completes the statement and write the appropriate letter in the blank.

______ 6. The Community Mental Health and Mental Retardation Centers Act was enacted in—

a. 1933
b. 1963
c. 1983
d. 1975

______ 7. The Russian researcher who developed the process of conditioning was—

a. Sigmund Freud
b. Dorothea Dix
c. I. P. Pavlov
d. B. F. Skinner

______ 8. The American psychologist most frequently associated with behaviorism is—

a. Clifford Beers
b. Sigmund Freud
c. B. F. Skinner
d. Dorothea Dix

______ 9. A commonly used behavior reinforcer is—

a. food
b. praise
c. privileges
d. all of the above

______ 10. When teaching a new behavior, reinforcement should be given—

a. before the behavior occurs
b. as soon after the behavior as possible
c. the day after the behavior occurs
d. two weeks later

______ 11. The assumption that one person's problems are an integral part of a larger family system and should be treated within that context is the basis for—

a. psychoanalysis
b. milieu therapy
c. behavior therapy
d. family therapy

______ 12. A __________________________ is a form of medical treatment known as psychosurgery.

a. lobotomy
b. appendectomy
c. tonsillectomy
d. none of the above

______ 13. Which of the following mental health workers is not qualified to administer drugs?

a. physician
b. licensed vocational nurse
c. psychiatric aide
d. registered nurse

______ 14. Which of the following was **not** a factor in promoting deinstitutionalization of mentally ill persons?

   a. development of community mental health centers
   b. development of behavior therapy
   c. legal decisions regarding client's right to treatment in least restrictive settings
   d. development of psychotropic medications

______ 15. Drug therapy, electroconvulsive treatment, and psychosurgery are all forms of—

   a. behavior therapy
   b. humanistic therapy
   c. medical treatment
   d. psychoanalysis

Directions: Write the answers to the following questions.

16. Explain the concept of deinstitutionalization.

17. Describe the responsibility of a mental health worker in relation to medication management.

18. List five settings in which a person might receive mental health services.

(1) ______________________________

(2) ______________________________

(3) ______________________________

(4) ______________________________

(5) ______________________________

TEST / UNIT 6

Basic Helping Skills

Directions: Match the following terms with phrases, using letter answers.

____	1. to hear another person's meaning	a. empathy
____	2. to exchange information	b. warmth
____	3. to repeat another's words exactly	c. genuineness
____	4. to restate a person's meaning in other words	d. feedback
____	5. to share another person's impact	e. communication
____	6. to put yourself in another person's shoes	f. listening
____	7. to check out another person's meaning	g. parroting
____	8. to share your own thoughts and feelings	h. self-disclosure
____	9. to convey openness and naturalness	i. clarification
____	10. to show friendliness and caring	j. paraphrasing

Directions: Complete the following statements by adding the word that best completes the meaning. Choose your answers from the following words.

needs
obstacles
strategies
implementation
evaluation
assumptions

11. ________________________ involves possible plans of action.

12. Carrying out a plan of action is called ________________________.

13. Success of a plan is measured by ______________________________.

14. ______________________________ can be defined as barriers.

15. Goals can be stated as ______________________________.

TEST / UNIT 7

Legal Issues

Directions: Read each statement carefully. Select the one word or phrase that correctly answers or completes the statement, and write the appropriate letter in the blank.

_____ 1. The law that governs the care of the mentally ill in Texas is—

a. Mental Health Code
b. Mental Health Systems Act
c. Community Mental Health Centers Act
d. none of the above

_____ 2. A person can be admitted to a mental health facility by—

a. voluntary admission
b. involuntary commitment
c. both a and b
d. neither a nor b

_____ 3. The basic conflict in mental health law concerns—

a. individual rights vs. protection of the community
b. individual rights vs. family rights
c. protection of the community vs. protection of the family
d. none of the above

_____ 4. The legal premise based on the concept that the government has a right to intervene in the life of an individual for his or her own good is—

a. habeas corpus
b. parens patriae
c. both a and b
d. neither a nor b

_____ 5. The primary principle involved in Donaldson vs. O'Connor was a mentally ill person's right to—

a. liberty
b. treatment
c. care in the least restrictive setting
d. None of the above

_____ 6. The court case that established a mentally ill person's right to treatment was—

a. Donaldson vs. O'Connor
b. Wyatt vs. Stickney
c. Brown vs. Smith
d. all of the above

_____ 7. A person who has been voluntarily admitted to a mental health facility may leave with written notice of—

a. 24 hours
b. 48 hours
c. 96 hours
d. 12 days

_____ 8. A condition of effective treatment as outlined by the Wyatt vs. Stickney case was—

a. individual treatment plans
b. a humane environment
c. both a and b
d. neither a nor b

_____ 9. The law that established a Bill of Rights for persons receiving mental health services was the—

a. Mental Health Code
b. Mental Health Systems Act
c. Community Mental Health Centers Act
d. none of the above

_____ 10. The facility providing the least restrictive setting would be a—

a. state hospital
b. community mental health center
c. Veterans Administration hospital
d. none of the above

Directions: Answer the following questions.

11. Discuss the conditions necessary for court-ordered mental health services.

12. List five rights of a person receiving mental health services.

(1) ______________________________

(2) ______________________________

(3) ______________________________

(4) ______________________________

(5) ______________________________

TEST / UNIT 8

Mental Health Worker Responsibilities

Directions: Read each statement carefully. Select the one word or phrase that correctly answers or completes the statement, and write the appropriate letter in the blank.

_____ 1. Team members in a mental health facility might include—

a. psychiatrists
b. psychologists
c. social workers
d. all of the above

_____ 2. The organization that sets standards for the accreditation of mental health facilities is the—

a. Joint Mental Health Commission
b. Hospital Standards Committee
c. both a and b
d. neither a nor b

_____ 3. The mental health worker should report to the—

a. superintendent
b. supervisor
c. head nurse
d. psychologist

_____ 4. Behavioral changes to be noted include—

a. poor attitude
b. skin color
c. withdrawal
d. all of the above

_____ 5. A high body temperature may be noted by—

a. warm or hot skin
b. flushed skin
c. chills
d. all of the above

_____ 6. Skin changes that are observable are—

a. color
b. shallow
c. labored
d. none of the above

_____ 7. The name that should be signed to a report is—

a. your name
b. your supervisor's name
c. the superintendent's name
d. the client's name

_____ 8. A mistake on a report should be—

a. marked out
b. erased
c. both a and b
d. neither a nor b

_____ 9. The part of the body that should be bent when lifting is the—

a. back
b. neck
c. knees
d. all of the above

_____ 10. The organization that provides certification in first aid is the—

a. National Red Cross
b. American Red Cross
c. National Blue Cross
d. none of the above

_____ 11. A disaster might be a—

a. fire
b. tornado
c. flood
d. all of the above

_____ 12. Drills for evacuating clients in an emergency should be taken—

a. casually
b. seriously
c. both a and b
d. neither a nor b

_____ 13. A mental health worker's duties might also include—

a. personal care
b. prescribing medication
c. administering ECT
d. all of the above

_____ 14. A mental health worker should have the ability to—

a. communicate
b. cooperate
c. care
d. all of the above

_____ 15. The organization that provides training modules for MHMR aides in state facilities in Texas is—

a. Texas Mental Health Association
b. Texas Department of Mental Health and Mental Retardation
c. Texas Department of Management
d. Texas Department of Health

Progress Chart

Mental Health Worker
Specific Competencies

Directions: After completing the material, ask your instructor to rate your job preparedness by completing this chart for the areas listed.

Rating Scale:

3—Skilled: can perform with little or no supervision.

2—Partial skill: can perform but requires supervision.

1—Introduction: introduced to occupational area.

Unit 1. Mental Health

	3	2	1
1. Recognizes components of good mental health.			
2. Gives characteristics of persons with good self-esteem.			
3. Tells how to feel good about others.			
4. Lists strategies for being able to meet the demands of life.			
5. Gives tips for dealing with tension.			

Unit 2. Mental Illness

1. Defines mental illness.			
2. Gives warning signs of mental illness.			
3. Lists warning signals of impending mental illness.			
4. Describes patterns of mental illness.			
5. Differentiates between mental illness and mental retardation.			
6. Gives some causes of mental illness.			
7. Recognizes the problem of the stigma of mental illness.			

Unit 3. Mental Health Professionals

	3	2	1
1. Identifies major mental health-related professions.			
2. Gives education and training required for various mental health professions.			
3. Describes the training and job responsibilities of the mental health aide.			
4. Gives responsibilities of each mental health professional.			

Unit 4. Diagnosis of Mental Disorders

1. Names the five axes of classification for the diagnosis of mental disorders.			
2. Summarizes diagnostic categories of Axis I.			
3. Discusses personality disorders and specific developmental disorders in Axis II.			
4. Discusses physical disorders or conditions important to the overall treatment of the individual.			
5. Gives examples of psychosocial stressors listed in Axis IV.			

Unit 5. Treatment of Mental Illness

1. Discusses the history of the treatment of mental illness.			
2. Explains "deinstitutionalization."			
3. Differentiates between psychotherapy and behavior therapy.			
4. Defines group therapy, family therapy, and play therapy.			
5. Discusses drug treatment for mental illness.			
6. Gives the advantages and disadvantages of shock therapy.			
7. Explains milieu therapy.			
8. Lists types of mental health services.			

	3	2	1
Unit 6. Basic Helping Skills			
1. Lists three characteristics of an effective mental health worker.			
2. Explains the importance of eye contact, body language, touch, and content in discussing communication skills.			
3. Lists skills related to feelings.			
4. Gives the importance of clarification.			
5. Tells how to use feedback.			
6. Gives characteristics of effective feedback.			
7. Gives the five steps of the NOSIE helping cycle.			

Unit 7. Legal Issues

1. Names the law that governs mental health issues in Texas.			
2. Describes the procedure for voluntary admission to a mental health facility in Texas.			
3. Explains procedure for emergency detention.			
4. Discusses court-ordered temporary mental health services.			
5. Explains protective custody.			
6. Explains court-ordered extended mental health services.			
7. Tells about the case of Donaldson vs. O'Connor.			
8. Discusses concepts in the Bill of Rights for mentally ill patients.			

Unit 8. Mental Health Worker Responsibilities

1. Recognizes need to follow directions of supervisor.			
2. Observes client and notes behavior, temperature, respiration, skin, and digestion and elimination.			
3. Writes reports correctly.			
4. Practices good body mechanics.			

	3	2	1
5. Knows rules and practices first aid.			
6. Learns plans for emergency activities.			
7. Discusses job description for MHMR aide.			

____________________________ (Instructor's Signature)

____________________________ (Student's Name)

CONTENTS OF STUDENT'S MANUAL

Unit 1: Mental Health
Unit 2: Mental Illness
Unit 3: Mental Health Professionals
Unit 4: Diagnosis of Mental Disorders
Unit 5: Treatment of Mental Illness
Unit 6: Basic Helping Skills
Unit 7: Legal Issues
Unit 8: Mental Health Worker Responsibilities

WORK SHEET

FOR COORDINATING JOBS WITH RELATED INSTRUCTION USING

MENTAL HEALTH WORKER

This form is for your convenience in planning and keeping records of training. Contents of the student's manual are at the left. The columns below provide space for listing job experiences for the individual student and assignment numbers and other references related to each job. Blanks are large and divided by days so the teacher and student can list other information that might be useful in a weekly log.

Student ______________________________

Training Station ______________________________

JOB EXPERIENCES	RELATED INSTRUCTION
Monday Work Hrs:	
Tuesday Work Hrs:	
Wednesday Work Hrs:	
Thursday Work Hrs:	
Friday Work Hrs:	